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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME FIRST LAST MONTH 26 HOUR (TYPE OR PRINT) WALTER GLINKA FEBRUARY 10.1984 9:50 PM 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX HS DAYS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED CITY OR TOWN OF DEATH OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY 136. COUNTY 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST ADDRESS IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CANCER OF COLON WITH METATASIS IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [YES T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) this haspital attended the deceased from 84 FEB. saw the deceased alive on FFB. 10 above, (Idwe) (did (did not) view the bady after death. _, and that in (my) our opinion death occurred an the date and hour and fram the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT! 22e ADDRESS CHURCH HOSPITAL CORPORATION

BP.

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MPORTANT:

DHMH - 16 50M 4/82 (VRA 15, 4)

F. NAZEMI, M.D. 230. BURIAL, CREMATION, REMOVAL

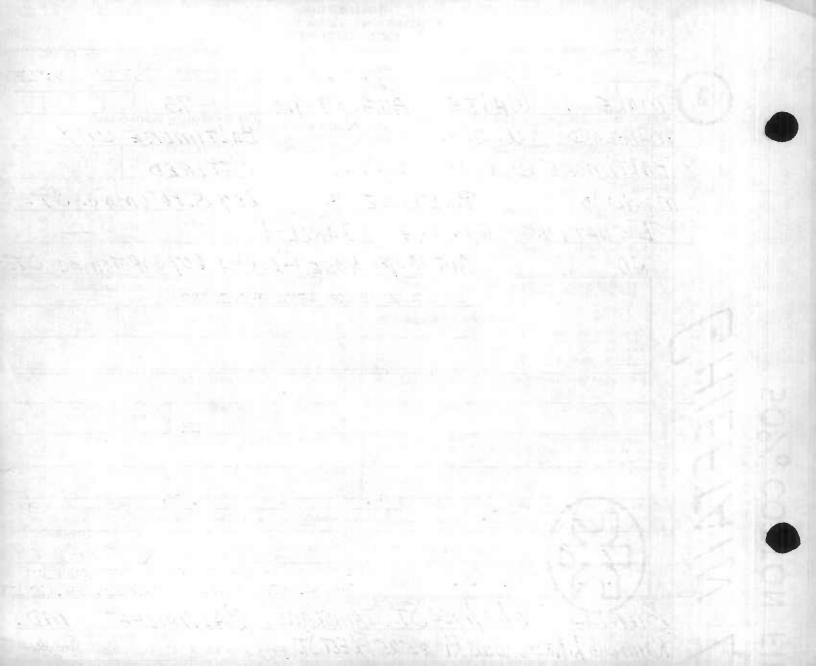
A.FUNERAL DIRECTOR

MAME OF CEMETERY OR CREMATORY

BROADWAY. BALTIMORE 23d LOCATION

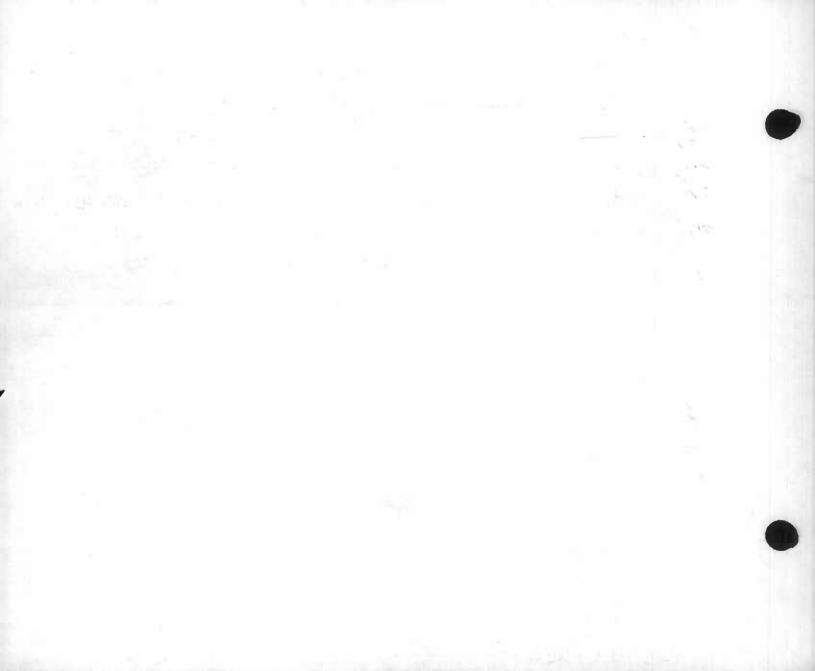
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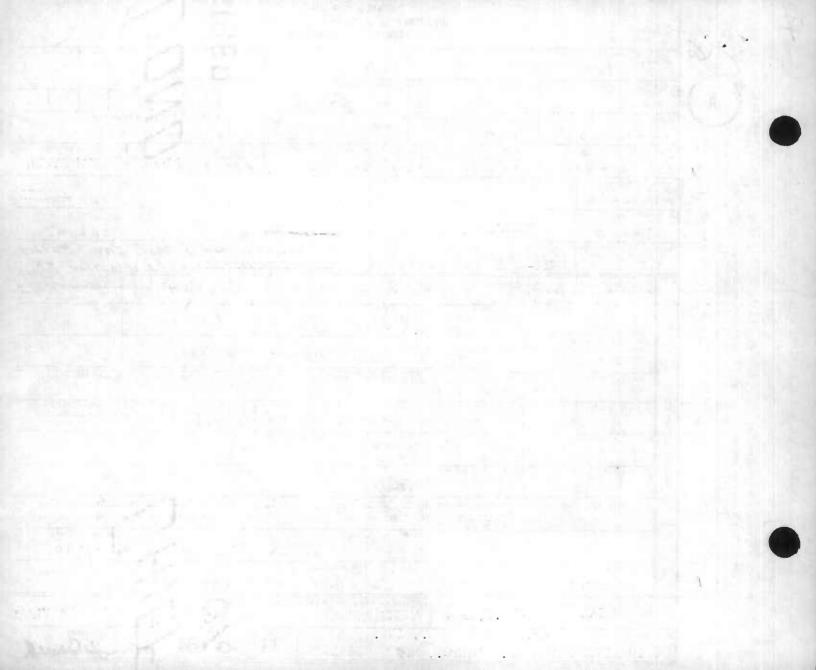


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	-	STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	10.				
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/	160 V	VAS DECEASED EVE		MED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU 212-40-1		17. INFORMA		MAURICE DR.		DSTE:			212	215
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	g	22b. SIGNATURE Stun L. Balla					DEGREE	TTENDING PHYSICIAN [MEDICAL DIRECTOR [ST/	AFF ICIAN 🔯	2	02/04		5
		22d. PHYSICIAN'S N	JAME (TYPE	OR PRINT)			220 ADDRES	S							
	5	STEVEN L.	BALLAS I	и. О.			SINAL 6	IOSPITAL		300	100				
	23a E	BURIAL, CREMATION	, REMOVAL	23b. DATE	23¢ N	IAME OF C	EMETERY OR	REMATORY	23d. LOCA	TION OF JOWN	IDC	1504	<u>ተ</u> ጥር		CIME

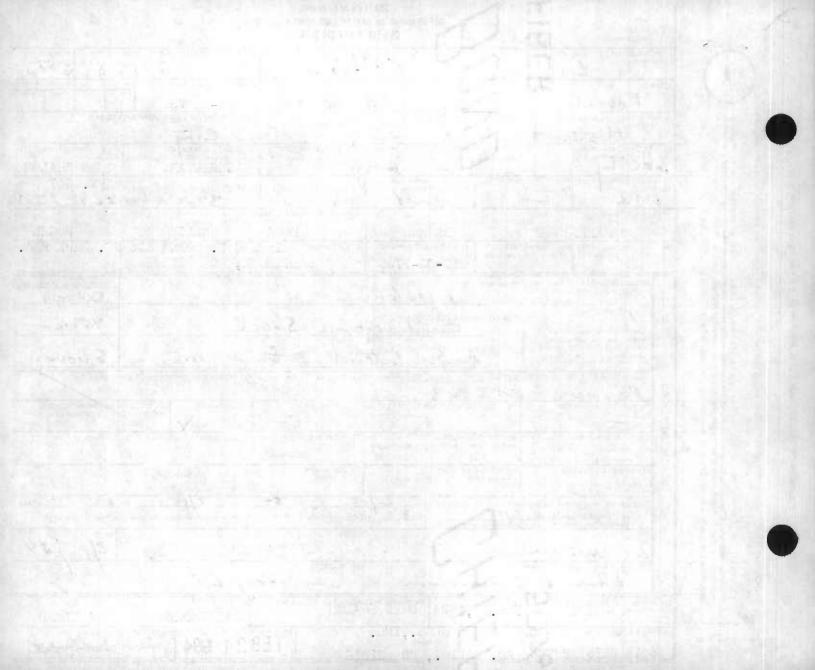
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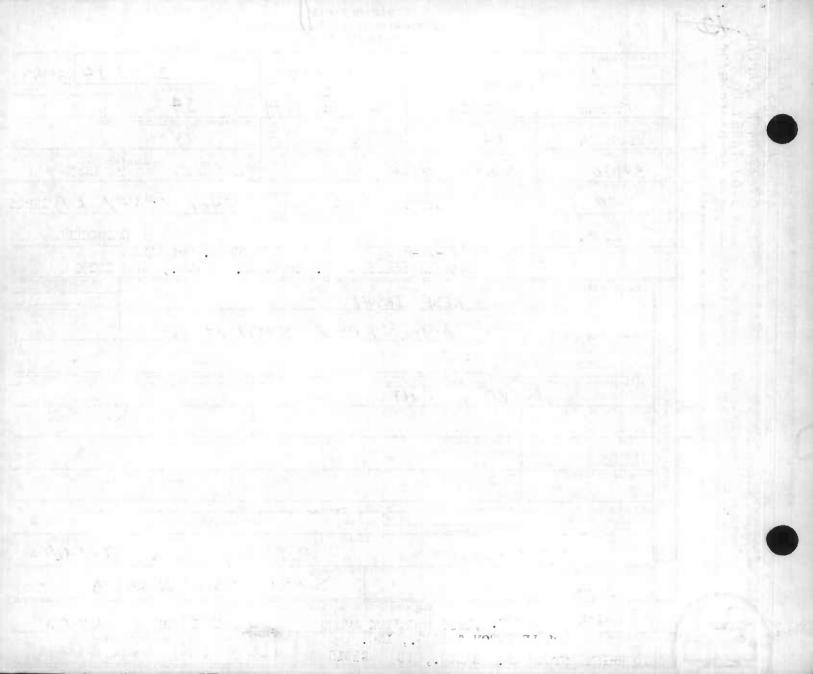
(VRA 15, 4)

FEB.6,1984 | BETH JACOB VINSON & BROS., INC. N RD. BALTO., MD 2121 24 FUNERAL DIRECTOR SOL LEVINSO NAME 6010 REISTERSTOWN RD.

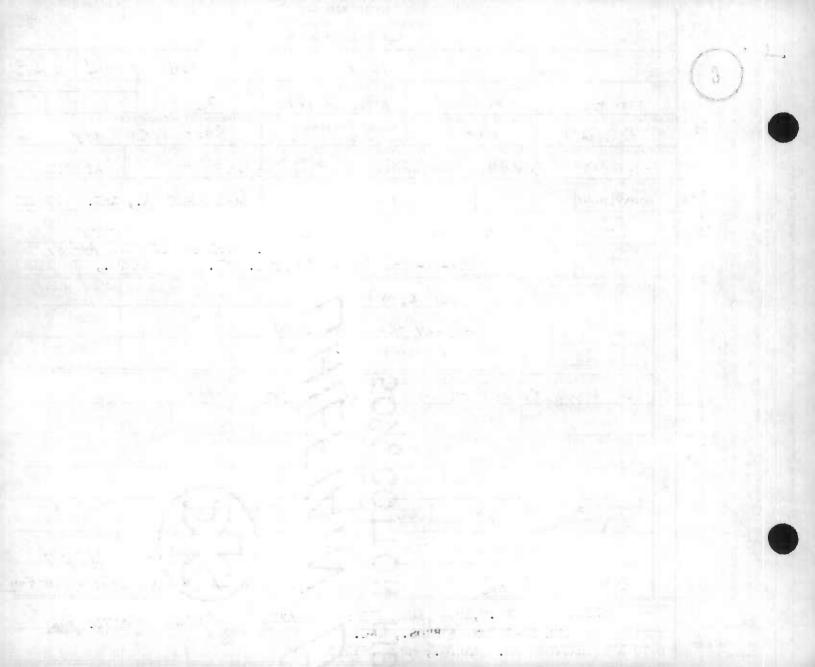
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SOL LEVINSON, BROS., LEW.





-6	7.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.		
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uneral direct		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	1	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
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on and co. Pages		VAS DECEASED EVER IN U.S. / (15, NO OR UNKNOWN) (1F YES. / NO	CIVE WAS OR DATEST	5-34-05		6606 PARK HTS		BALTO., MD APPROXIMATE INT BETWEEN ONSET AN	212
the law requires that the death ce ian. Thus been signed by the attendini it permit. Then please remove carb tiene prior to buriol, cremation, or a nows any injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN WA, ASWY 19a DATE OF OPERATION	DUE TO, OR AS A CONTRETE CONTR	A CONSEQUENTIAL TO DE	TRHO NCE OF EATH BUT REA	NOT RELATED TO THE TERMINAR RENT PAGE N WAS PERFORMED	200 AUTOPSY? 20	ON GIVEN IN PART II a b. IF YES, WERE FINDINGS US I CERTIFYING CAUSES OF DE, YES \(\subseteq NO	ATH?
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O HOSPITAL OR ATTENDING etained by the haspital or of TO FUNERAL DIRECTOR. Afterward the Store Dept. of Health MAPORTANT: If Item 21 is mor		220.1 certify that 18 (this has saw the deceased alive above 18 (we) (did) (this 226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPESTREVITA	Justi view the body after	19 8	/	ATTENDING PHYSICIAN 226 ADDRESS	MEDICAL STAFF		stated
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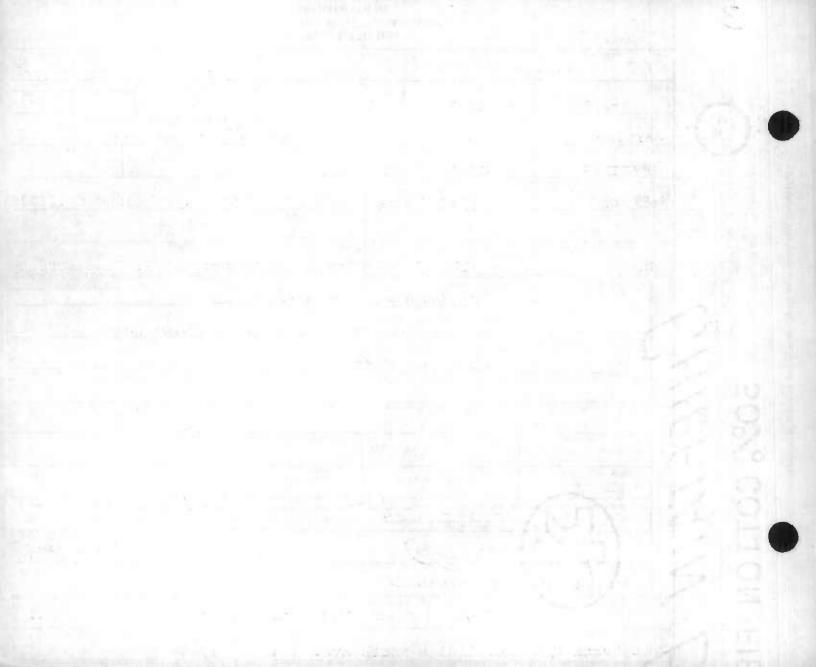


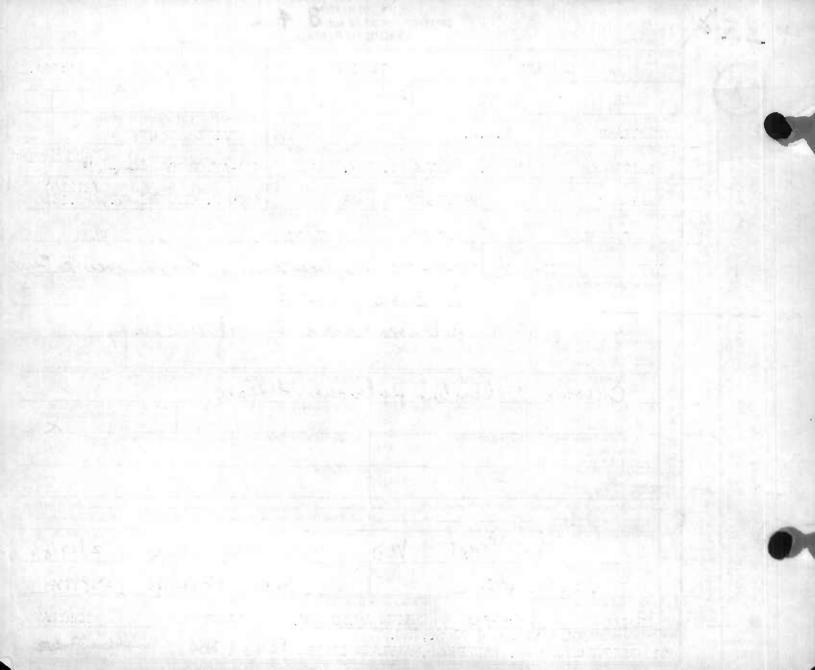
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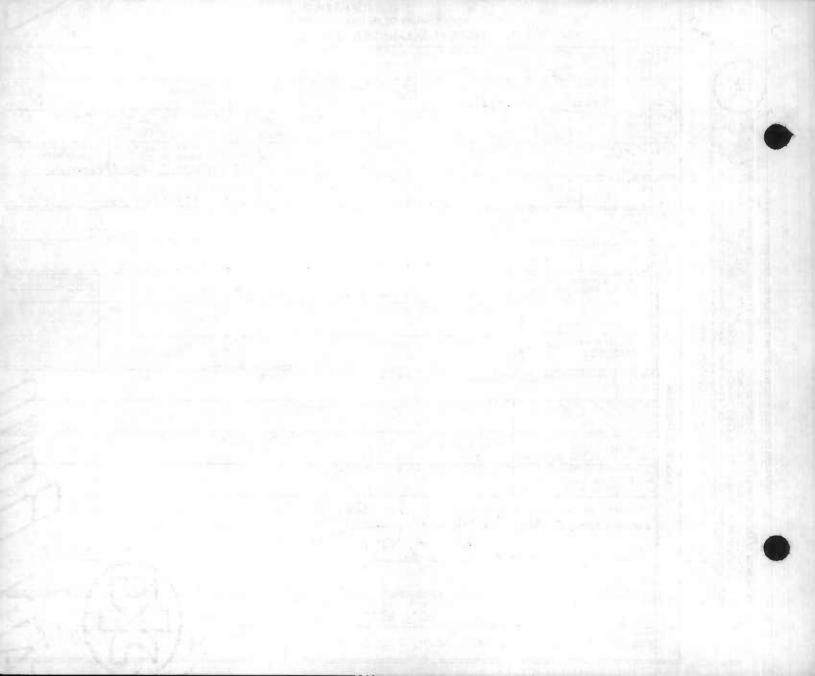
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	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATIO	Ν	CITY OR TOV		COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OF	ICE, FARM, ETC)	STREET		CITY OR TOV	IN	COUNTY	STATE
		22e-I certify that (I) (this has	pital) attended t	he deceased fro	om 1/8	2	. 19	10 2/1	٥	19 89	that (I) (we) last
		sow the deceased plive o	n / -	30 -	C 11	nd that in (my) (our) opinian	deoth occurred on the do	te and hou	,	
		oboye, (h (we) (did) (did r	ot view the bad	y atter death.	-	DEGREE				22c. DATE	SIGNED
		/ RW/	ener	n st	1)	AT	TTENDING HYSICIAN	MEDICAL STAF		2/	11/84
		224. PHYSICIAN'S NAME /TYPE	OR PRINT)			220 ADDRESS	The state of the s	J DIRECTOR LI PHISIC	AIV		- (-)
MPORTANT		Moges (rebrei	nara	~			To be seen			
IMPORTA		BURIAL, CREMATION, REMOVA	23b. DATE 2/1	5/84		EMETERY OR CI		Lansaw.	ne,	COUNTY	Mä".
 1/B2		UNERAL DIRECTOR			-		25e. DAT	E REC'D BY REGISTRAR	5b. REGIST	RAR'S SIGNAT	TURE
D2	Wr	n C March F/1	H Inc.	1101 ADDR	Nortl	a Ave.	0	21,784			
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Sto	FOR				DEPARTA	STA AENT OF	TE OF M	ARYLA AND M	ENTAG	IYGIEN	E {	7 3		7 %	
3	 STATE REGISTRAR 			ME	DICALE	XAMIN	IER'S C	ERTIFI	CATEC	F DEA	TH	REG. N	10.	1 0	
	DECEASED NA	ME	FIRST		MIDDLE			LAST			2a. DATE OF	KNOWN X	MONTH	DAY Y	EAR 2b. H
	, in a contract of		Harold	1	George			oush	a			MATED	2	6 19 8	34
3. SI	EX	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER		2c. DATE	NCED	HTMOM	DAY	EAR 3d H
1	le	White		ct.5,192			RS.	DATE	HOOKS		DEAD		2	6 198	34
70	BIRTHPLACE FOREIGN COUNTR	(STATE OR Y)	7b.	CITIZEN OF W	HAT COUN	TRY?	8 MARRI	ED 🕙 NI	EVER MARR	IED 🔲			_	TY OF DEAT	Н
	ryland			USA			WIDOW		DIVORC			ltimor			
10.	CITY OR TOW Baltin		H 111	NAME OF HOS		REET ADDRESS)		ER INSTITU	NOIT	FORA	AOST OF WOR	KING LIFE]		12b KIND C OR IND	USTRY
	STATE		36 COUNTY	THER INSTITUTION, G	13c. CITY	OR TOWN		13d. INSIDE	CITY LIMITS?	13e STR	ET ADDRE	55	I.I.F.C.E.C	All	nc
	FATHER'S NA	ME			Daic	THOTE		44	IER'S MAIDI			llshi	re Av	-	0 1
1	George		M	Gousha		AST			first mma		M	AIDDLE	Mac	ill LAST	
160.	. WAS DECEA			FORCES?		IAL SECURIT	Y NO.	17. INFOR				ADDRES		111	
	(YES, NO, OR UNK	NOWN)	WW 2	OR DATES)	219-	01-92	22	Mrs.	The1	ma T.	GOII	sha	Same		
=		OF DEATH		ne cause per line					******	2	. cou	-1104	- will		MATE INTERV
	PART 1	DEATHWA	S CAUSED BY	: Ar	terio	sclero	otic c	cardi	ovasci	ılar	disea	ase		BETWEEN	ONSET AND D
	4	292	IMMEDIATE	DUE TO, OF	AS A CON	SEOUENCE	OF								
		tions, if on		(b)											
	couse	(o) stoting t		DUE TO, OF	AS A CON	SEQUENCE	OF								
	lying	ause last.		(c)											
2		R SIGNIFICANT	CONDITIONS CON	TRIRUTING TO DEATH	RUT HOT RELAT	TEO TO THE TER	MINAL OISEASE	DR (ONOITI	ON GIVEN IN PA	RT 1 to					
귀 을	19a. DATE	OF OPERAT	ION	196 CONDI	TION FOR V	WHICH OPE	RATIONW	AS PERFO	RMED?					20 AUTO	PSY?
FIC				11/1/46										YES	
MEDICAL CERTIFICATION	210 EXTER	NAL CAUSE		21b. TIME O				W INJUR	Y OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM I	8 PART I OR P		X- 140
ALC	UNDERLYII	NG DO	R AUSE OF DEA	HOUR A.A	A. MONTH	DAY YEA	R								
DIG	21d. INJUR	YOCCURRE		21e PLACE	OF INJURY	(AT HOME,		CATION							
1	WHILE AT WORK	NOT W		STREET, FAC	TORY, FARM, ET	C.)	5	TREET			CITY OR TO	WN	C	OUNTY	\$1
				SA 270720 MAR 920	Δ		0	X			10020				-
				the remains de	A dabo	P Neigran	/ I		Inspectio		Inquiry		and in my o	pinion	
9 6	death res	ulted fram.	Note the	Quoes FY.J	dent	70	1		cide .	Undet	ermined mo	anner 🔲	,		
	ACTUAL	. /	1 Ux	THE W	1	Turk	1		ty Ch:	ief			DATE	2/7	/84
7	SIGNATUR	-	All	The same	1	201	4.	به حرات بوا	<u></u>	MED	ICAL EXAM	AINER	SIGN	NED	
	EXAMINER (TYPE OR P	RINT)		omas D.				ADDRESS.		Penr		I	Balto	., Md/	
230	BURIAL, CREA	AATION, RE	MOVAL 23b.	DATE		IAME OF CE				CITY	CATION			UNTY	STATE
	Burial		C'07	.9.1984	HO	11y H	III Me	emori	al	Es	sex	Ba	altim	ore	Md.
			rea	1.7,1705	-				Inc	25.642		- lact 67	27 07 111	010111	EL 2
	FUNERAL DIR			inc. Bai					250. DATE	REC'D. BY	REGISTRA 1984	AR 25h REC	SISTRAR'S	SIGNATURE	uh

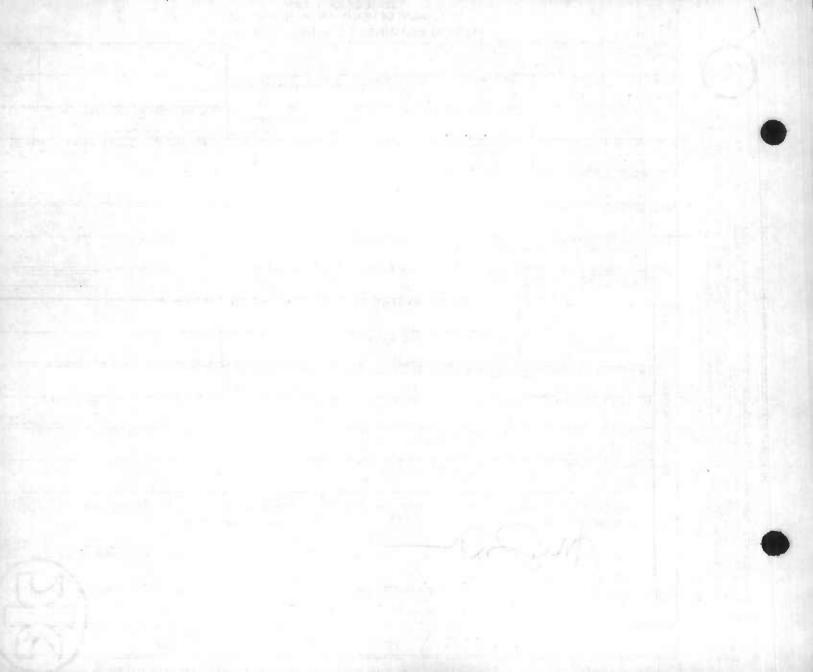


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE S I WIT I WARE S S S S T I FROM THE SECOND The second of th

1	FOR			DEPART	STAT MENT OF H		ARYLAND		YGIENE	0 3	5 9	8	1		
1-	STATE REGISTRAR				EXAMINI						REG. NO.				
	ECEASED NAMI			MIDDLE			LAST			DATE KN OF DEATH W	OWN X	MONTH	DAY	YFAR	2b. HOUR
3 SI	EX	PATRI 4. RACE	CIA 5 DATE OF BIRTH MONTH DAY	A.	6. AGE (IN YEAR	RS IF UN		F UNDER 2	24 HRS. 2c.			2 MONTH	5 DAY	1984 YEAR	2d HOUF 8:02
F	ema1e	Black	8 2	55	28 YR	S.				DEAD		2	5	1984	0:02
N PRESTO	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WE	HAT COUN	VTRY?	8 MARRI	ED NEVE	RMARRIE	EDXX 9	BALTIMO	RE CITY OF	COUN'	TY OF E	DEATH	
	Maryla		U.S.	Α.		WIDOW	ED 🗆	DIVORCE		Baltin	more (City			WD
19. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10. 01 10	CITY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTH	ER INSTITUTIO	ON		OCCUPA TOF WORKIN	TION (TYPE	OF WORK	12b KII	ND OF BURNDUST	JSINESS RY
0/10	Balti	more	1800 E.						70111100	TOT HOME	0 14 1				
USU	JAL RESIDENCE STATE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GR	VE RESIDENCE	BEFORE ADMISSIO		liaa. Inside city	A BALLYCO	lije STREET	ADDRESS					
1)	Maryla				1timo			NO	1800			ette	St	. 2	1231
	FATHER'S NAME						15 MOTHER'	'S MAIDE							
2	Leon		WIDDLE	Spe	ncer		Mar			MIDE	310			i n d y	
160.	WAS DECEASE	D EVER IN U.S. ARA	MED FORCES?		CIAL SECURITY	NO.	17. INFORMA				ADDRESS		U a	iiuy	
	NKNOWN	(IF YES, GIVE	WAR OR DATES		AT / A		Mary	B	Poss	120	O F	For	ret:	to C	tree
-		DE DEATH (F-1	lu ann ann a		N/A		mary	ъ.	11000	100	<u>, п.</u>	Lay	Al	PPROXIMAT	EINTERVAL
	PART I DE	ATH WAS CAUSED	ly one couse per line DBY:), and (c).) ral pal	CTZ							BETV	WEEN ONSE	T AND DEATH
	124	MMEDIAT	E CAUSE (0)		SEQUENCE C								-		
	Condition	ns, if any, which	DUE TO, OR	AS A COI	NSEQUENCE C)r									
	gove ri	se to immediate	(b)										+		
	lying cau) stoting the <u>under</u> use last.	DUE TO, OR	AS A CON	NSEQUENCE O)F									
			(c)												
Z		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMI	NAL DISEASE	OR CONDITION G	GIVEN IN PAR	T L (a).						
MEDICAL CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	IONFOR	WHICH OPERA	ATION W	AS PERFORM	ED?					20 4	AUTOPSY	?
N SE														YES 🗌	NO 🕅
ER	210. EXTERNA	AL CAUSE WAS	21b. TIME OF				OW INJURY O	OCCURRE	D (ENTER NAT	URE OF INJUR	Y IN ITEM 18 PA	ART I OR PA			110 25
7 3	UNDERLYING		HOUR A.M												
DIC	21d. INJURY O	NG CAUSE OF D	21e PLACE C		19 (AT HOME,	211 LO	CATION								
ME	WHILE		STREET, FACT				TREET		C	ITY OR TOWN		co	UNTY		STATE
-	AT WORK	AT WORK									-				
	22a I certi	ify that I took charg	e of the remains des	cribed ob	ove, held on	Autop	sy .	Inspection	☐. <u> </u>	Inquiry [X ond	in my op	noinion		
1	deoth result		al causes X	Accident		cide 🔲	, Homicid	de .	Undeterm	nined mont	ner,				
		An (h			TITLE (SPE	ECIFY)							
1	ACTUAL SIGNATURE	1 NV	M			_ M	Assis		MEDICA	AL EXAMIN	JER	DATE	D 2-	-6-84	
		11 6	1							FLAMMIN	-EN	3/0190	· -=-		
	EXAMINER'S (TYPE OR PRI	Ann Ann	M. Dixon,	M.D	•		ADDRESS 1	11 Pe			alto.	, Md	. 21	1201	
23a	BURIAL, CREMA	TION, REMOVAL 2	3b. DATE 2/10/84		NAME OF CEM Eastvi				23d LOCA CHY OR Ba	ATION Own LEimo	ore,	COU	NTY	M	ď.
24	FUNERAL DIREC									GASTRAR	25b. REGIS	JARAR'S S	IONAT		. /
W	m C Ma	rch F/H	Inc. ADDRESS	01 E	Nort	h Av	renue	FEI	0 /	1984	00	my	7-1	ame	4



h	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		3 9 3 1
(B)	{TYPE	CARO		GRAY	6. AGE 11N YEARS LAST BIR	MONTH DAY YEAR 2b. HOUR 1 94 8 54M THDAY] IF UNDER 1 YEAR I IF UNDER 24 HRS.
oge rrectio	3. SEX	F	137 Whit	00 20	FEAR 67	MONTHS DAYS HOURS MIN.
deoth. Pour dinn 72 ho otence	L '	RTHPLACE (STATE OR FOREIGN YO		MARRIED NEVER MARR	BAC BAC	DR COUNTY OF DEATH
1 34 m	/	BAUTO.	(IF NOT IN SUCH FACILITY, GIVESTI	M.	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFET INDUSTRY
n 24 hou filled in hould be	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COURS	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY L. CITY OR TO	OWN 13d. INSIDE CITY LI	D 2125	ST PAUL ST21218
be with	14 FA	CITAMES CITAMES	MIDDLE GREAT		IANNA MIDDLE	WILKINS
be execu	16a V	ES. NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES! 08812		ADDR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the death science by the ottending physician and amplitute filled in the set this certificate has been signed by the attending physician and amplitute filled in the standard burial-transit permit. Then please remove carbon papers. Page and 2 should be the dark man death and Memial Hygiene prior to burial, cremation, or remayol. Orked or them 18 shows any injury, or other troumatic event, the medical contact must be the	NO	Conditions, it any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	DIORESPIRATIONENCE OF LUNG TO DEATH BUT NOT RELATED TO	EGAN FAIL WITH BRAIN	METASTASIS
The low re te has been ssit permit.	CERTIFICATION	190. DATE OF OPERATION 12/16/84	196. CONDITION FOR WH	ICH OPERATION WAS PERFORME	D 200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH? YES NO DEATH
UCISION OF VITA UG PHYSICIAN: The otherding physicic reter this certificate as the buriol-transit hand Mental Hygin riked or term 18 short riked riked or term 18 short riked	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTHY MEDICAL EXAMINE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 216. HOW INJURY	OCCURRED (ENTER NATURE OF INJU	
OR ATTENDION The hospital on DIRECTOR: A roched for use to Dept. of Head If Rem 21 is m			with attended the deceased from 100 points of the body after death.	DEGREE M. D. ATTEN PHYS	opinian death occurred an the d	ate and haur and from the causes stated 22c. DATE SIGNED FF CIANA 2/1/84
TO HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME (TYPE	ORPHINT) D SIUB	ER 22	S. GREENE	57.
BP		BURIAL, CREMATION, REMOVAL ISPECIFY Removal	2/1/84	3c. NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR NAME Anatomy	Roard	ss Balto Md.	FFR 0 3 108/	REGISTRAR'S SIGNATURE

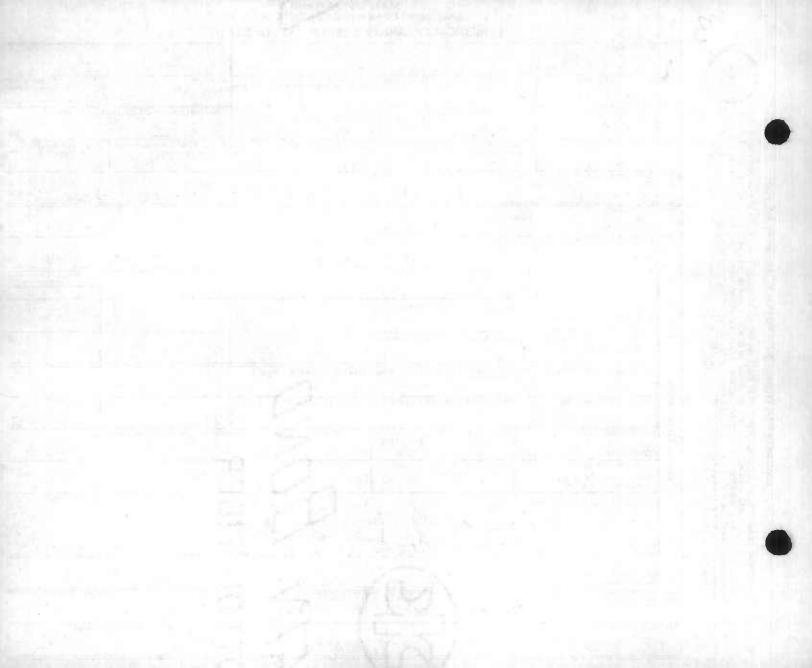
1258 AS 1 A. CAROLE J. GRAY 31 22 60 . 8 4511 A230 BACTO CITY BALTO- U OF MJD HEMENAGER BARTO BALLOWY PALTO K CIZE ST PANEST CHARLES GRAY MARIANNA - CUIDINING YE'S ? 03812 6840 CATCOLOGISTINA TORY FAILURE MULTERSTERM ORGAN FAILURE CARLER OF WING WITH BRAIN METASTASIS ILIIGEY LUNG CANCER no year is they to the obs Court felling m. 9. " X 2/1/84 PATION STEERER TO S GREENE ST. 12 18 18 18 1 Jacon J. Course J.

3	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 3	3 2		
	(TYPE	CEASED NAME FIRST Andre	w	Z.	Gr	een	20 DATE OF DEATH	2- 23	21	2b. HOUR 7: 35pm
	3. SE)	Male	Whi	te	5. DATE O	- 18-08	6. AGE (IN YEARS LAST BIR	YRS MC	ONTHS DAYS	HOURS MIN.
deoth. Furnitarial distribution of the dindividution of the distribution of the distribution of the distri	5	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	A COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O			MD.
by the fundined or nowhed or	5 0	TY OR TOWN OF DEATH		H FACILITY, GIVE STREET	IG HOME C	p. Balto. Md.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON F WORKING LIFE) HOME	126 KIND C JINDUSTRY WULDE	OF BUSINESS OR
filled in	13a S	AL RESIDENCE (IF NURSING HOME OF ATTACK) Anyland 13b. COL	OR OTHER INSTITUTION, JNTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES VA NO [130 STREET ADDRESS	hall 5	t.Balt	o.Md.212
mpletely ond 2 st	14 FA	THER'S NAME FIRST Andrew	WIDDLE	Green		15. MOTHER'S MAIDEN NA	MIDDLE		Unkno	wn.
n and co		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	215-09		17. INFORMANT Elizabeth Ho	aas, 1307 M		L St.B	21230 Md.
ires that the death ce gned by the attending n please remove carb burial, cremation, or r ry, or other troumotic	7	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O	RASA CONSEQUE	atory ENCE OF LOWIA	failune NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART TO	0
on. has been single permit. The permit. The companient to the prior to the permit to t	CERTIFICATION	HW 190 DATE OF OPERATION		mune l	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
SICIAN: The ng physicic certificate urial-transit lem 18 she lem 18 she		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	DE INJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2}	
offending of the bust the bust the bust the bust the document of the bust t	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDIN Sspitel or ECTOR: Al d for use d for use m 21 is mo		22a.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did	on 2-2	_319	¥.11	nd that in (my) (aur) apinion	death occurred on the d			that (we) lost causes stated
Che h		276. SIGNATURE &	menn	omo		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF IAN	22c. DATE 2 -	23-84
TO HOSPITAL TO FUNERAL Should be deta with the State I		Martin G	yerrei	0		3001 So	. Hanover	st.,	Batti.	MD.
BP		BURIAL, CREMATION, REMOVI (SPECIFY) Burial	Feb.27		, ,	emetery or crematory	13d. LOCATION Baltimo		Maryle	-
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	Cully Funeral	Home, 130	E. Fort	Ave.Ba	21230.	ER. D. Ated 204	256 REGISTR	AR SHOW	The Most

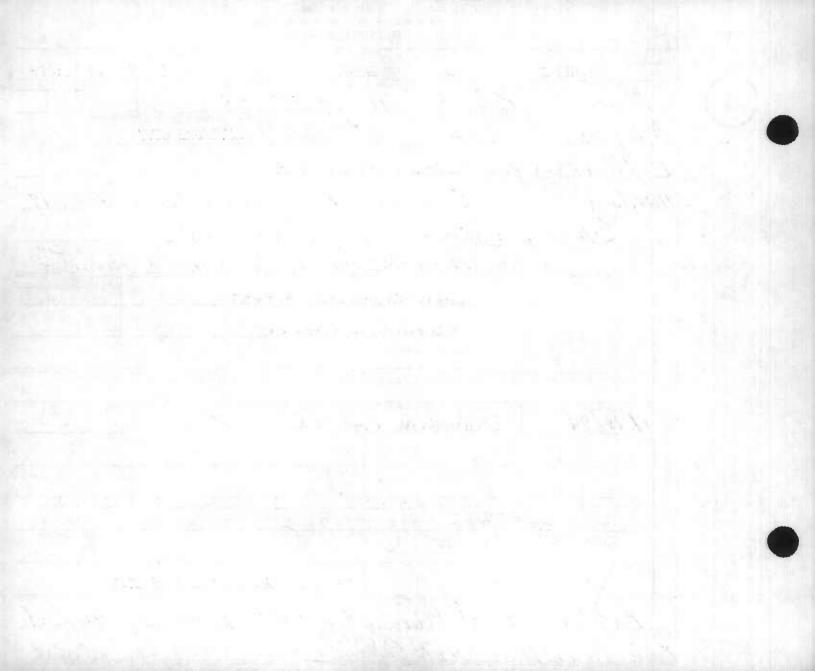
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20M 4/82

STATE OF MARYLAND



1	1.	FOR STATE REGISTRAR	m#16a G58	9 3/14/84 CW DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAUH CERTIFICATE OF DEATH	YGIENE O	3 9 (3 4	
/		OR PRINT)	FIRST	WIDDIE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
9 90	3. SE	× /	JULIUS	JACOB RACE /	GREEN 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	2 7	84 INDER I YEAR	8:40P M
	70.90	MALE		BACK CITIZEN OF WHAT COUNTRY	MONTH 27 25	58	YRS.	THS DAYS	HOURS MIN.
unerg o hin 72km	1	TARY /	and	USA	MARRIED NEVER MARRIED ! WIDOWED DIVORCED [NG HOME OR OTHER INSTITUTION	PAITTUODE	CITY		MD.
or other	1	Baltin	mre	(IF NOT IN SUCH FACILITY, GIVE STREE	re, Maryland 21218	(TYPE OF WORK FOR MOST C		INDUSTRY	P BUSINESS OR
of State of	11	PRY/AND	136 COUNTY	130 Sty 9R 10	NO 13d. INSIDECITY LIMITS!	1434 N. PA	RRISH	St. a	4217
1 100		THE S NAME	Amvei	of GREEN	15. MOTHER'S MAIDEN	CE ENNI	S	LAS	.1
be exec		VAS DECEASED IES, NO OR UNKNOW Ves	EVER IN U.S. ARME (IF YES, GIVE W WW2. 3		101 01 11 /	GREEN 143	4 N. K	BREIS	15. 15.
low requires that the death certification is the death certification in the plant of the certification in the plant of the certification in the plant of the plan	NO	Conditions, if gove rise to couse (o), underlying	ony, which immediate stating the couse lost	DUE TO, OR AS A CONSEOL	oflymanar Ak Hace of Hace al Cance		IDITION GIVEN		MATE INTERVAL ONSET AND DEATH
20 424 00	CERTIFICATION		84 AS UNDERLYING	19b. CONDITION FOR WHICE ESCHAGE 21b. TIME OF INJURY HOUR A.M. MONTH	HOPERATION WAS PERFORMED AL CANCER 21c HOW INJURY OCC	YES NO	20b. IF YES, WIN CERTIFYIN YES [G CAUSES	NGS USED OF DEATH? NO
P4C PHYSICIAN, otherding physician the this certifical as the busidefree th and Mental thy orked or term 18 st	MEDICAL	21d. INJURY OC	CURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	19 211. LOCATION	CITY OR TO	NWN	COUNTY	STATE
CTTENDIA potal or CTOR At for use of Health				ottended the deceased from FERUARY 7 19 when body after death.	AUGUST 3 , 19 83 4 , ond that in (94) (our) opini				that X (we) lost causes stated
CAL OR y the hor cal DRES detoched detoched one Dept	Ž.	22b. SIGNATUR	BRGE	PECKMD	DEGREE ATTENDING PHYSICIAN			22c. DATE	SIGNED
O HOSPIT rigined by		374 PHYSICIAN	Teck	MD	VAMC, Bala	timore, Maryl	and 212	18	
BP		SPECIFOR	cial	0/1//6/1/	NAME OF CEMETERY OR CREMATOR	St. Balti	moke,	ount /px	y/and
DHMH - 16 50M 4/83 (VRA 15, 4)	6	ANERAL DIRECTO	INERAL H	time 1348 N	CAlhounst. F	EB 1 0 1984	25b. REGISTRAI	R'S SIGNAT	URE

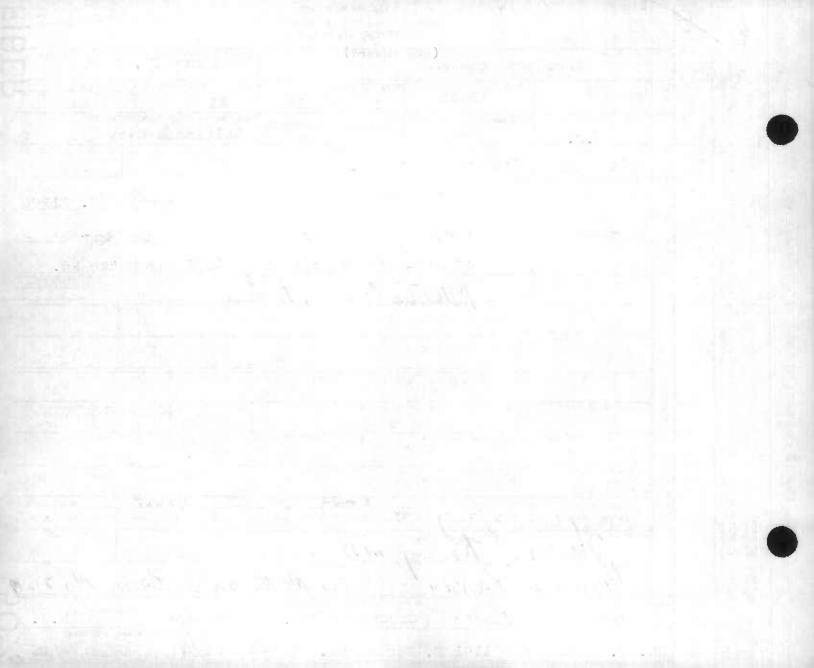


121.21 1213, 11 1

10	1 -	ems 18-22a 4/12 FOR STATE	D	EPARTMENT OF		NTAL HYGIENE	3 9 8	6
Cashell	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT) LIN	1	MIDDLE	GREEN .	Or Or	REG. NO. KNOWN MONTH ESTI- H MATED 0	DAY YEAR 76 HOUR
AND SON		emale BIK	S DATE OF BIRTH	YEAR 6 AGE (IN YE PAY) 3 C YI	ARS IF UNDER 1 YR.	FUNDER 24 HRS. 2r. DA HOURS MIN. PRONOI DEA	JNCED 2-9-	DAY YEAR 2d. HOUR 8.4 19 6 2.000
MD. 21201 I. IF ANY DELAY IS NECESSAR 3. RETAIN PAGE 5 FOR 9 2. SHOULD BE FILED, WITHIN AL RECORDS, 201 W. PRESTOR	FC	RTHPLACE (STATE OR REIGN COUNTRY S. C.	LL S.	AT COUNTRY?	WIDOWED [ER MARRIED	Himore Cit	MD. MD. KIND OF BUSINESS
DELAY IS 3 TO THE IN PAGE 0 BE FILEI 20S, 201		altimore AL RESIDENCE (IF IN NURSING HOME O	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)		BANK	TELLER	OR INDUSTRY
D. 21201 2, AND 3. RETA 3. RETA 2. SHOULD	136 S	TATE 136. COUN	TY C	BALTO	13d. INSIDE CIT YES	Y LIMITS? 130. STREET ADD 40 5	EMMART	AVE 21215
A THE SAN TO	160.	VAS DECEMBED EVER IN U.S. AR	MED FORCES?	Deyers 166 SOVIAL SECURIT		MARY	ADDRESS ADDRESS	yers
	()	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) ly one cause per line f	212-48-26 for (o), (b), and (c).)	177 Mr.S.	amuel Green	e 4015 EMM	APPROXIMATE INTERVAL
W. PRESTON ST WITHIN 24 HOI ENCIL IN ITEM I MINER ALONG MINER ALONG I TRANSIT PERMI INTAL HYGIENE OR REMOVAL.		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a) DUE TO, OR A	rdiomyopath as a consequence	OF			BETWEEN ONSET AND DEATH
RECORDS, 2 LD BE EXECU PENDING," II MEDICAL E D AS A BURI HEATH AND C, CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 (a).		
SHOULD ORD "PE ORE NE USED A HEAL OF HEAL OURIAL, OF HEAL OURIAL, OF HEAL OF H	CERTIFICATION	190. DATE OF OPERATION		ION FOR WHICH OPER	ATION WAS PERFORM	NED?		20. AUTOPSY? YES XXX NO
DIVISION OF VI NER: THIS CERTIFICATE SI CATE, WRITING THE WO FORWARDED TO THE C OR, PAGE 3 SHOULD BE THE STATE DEPARTIMENT NND, 21201 PRIOR TO BU	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	MONTH DAY YEAR		OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PA	RT 2)
DIVIS THIS CER WARDED WARDED PAGE 3 S TATE DEP	MED	21d INJURY OCCURRED WHILE NOT WHILE T	21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET	CITY OR	rown col	UNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED FACE A SHOULD BE PROBED TO THE CHEF MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE DROW AND THE CHEF MEDICAL EXAMINED TO THE CHEFT AND MEDICAL EXAMINED TO BURIAL CREMATION, THE STATE DEPARTMENT OF HEALTH AND MEDICAL EXAMINED.		22e. I certify that I took charg death resulted from: Notus ACTUAL SIGNATURE	TV)		Autopsy XX, icide , Homici TITLE (SP M.D. ASS		manner ,	2_10_94
TO MEDIO EXECUTE PAGE 4 TO FUNE BALTIMO	23a B	EXAMINER'S NAME MAIL (TYPE OR PRINT) MAIL URIAL, CREMATION, REMOVAL)	rgarita A.		.D. ADDRESS	111 Penn Str		
BR553	(:	BURIAL DIRECTOR	2/15/84	CEDAR	HILL CEN	Sa. DATE REC'D. BY REGISTI	KLYN A.A.C	io. Ma.
(VR A15 ME (5)) 20M 4/82	J	D'SEPH.L.RUSS	2222 V	N. NORTH	AVE	EB 1 1 1014		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL-HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) 4 RACI AGE I IN YEARS LAST BIRTHDAY IF TINDER 24 HRS 5. DATE OF BIRTH IF UNDER I YEAR YEAR COUNTRY BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED 126. KIND OF BUSINESS OR NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE III 13b. COUNTY 13d. INSIDE CITY LIMITS? NOF 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF the Heart Disease with Arry underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70h IF YES. WERE FINDINGS USED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 0 IN CERTIFYING CAUSES OF DEATH? e d NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on, and that in (my) (aus) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF be deto PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS HAMMONDS LANE BALTO 21225 PORT/ the the 23a BURIAL CREMATION, REMOVAL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAT DHMH - 16 50M 4/83 (VRA 15, 4)

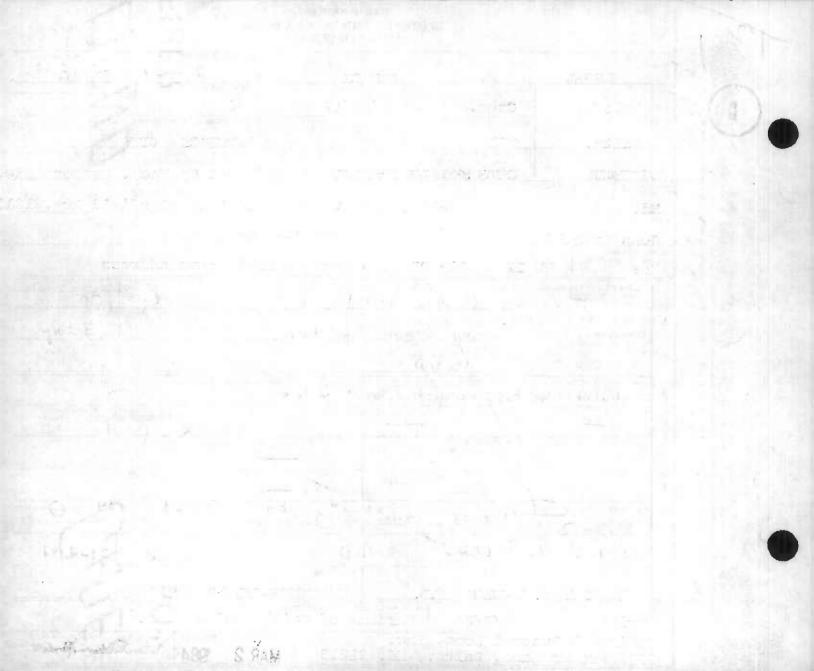
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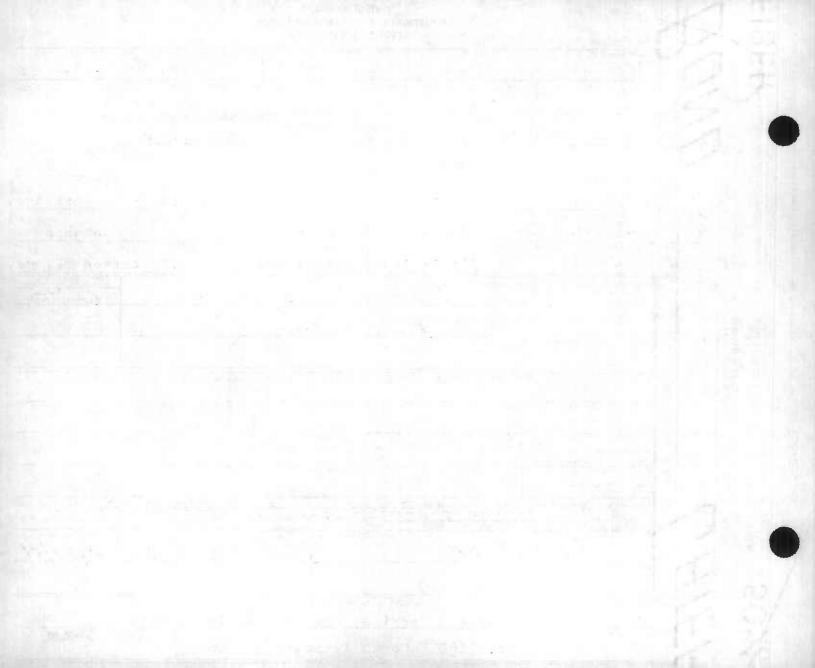
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYĞ ICATE OF DEATH	TENE U	1	7	0		
1		REGISTRAR FASED NAME FIRS		MIDDLE		AST	REG. NO		DAY	YEAR	2b. HOL	LIB
-1	(TYPE	OR PRINT)		MIDDLE			Zo. DATE OF DEATH	MONTH	DAT	ILAN	28. HO	UK
I,		WILL		HENRY		OSS SR.		2	27	84		45cm
1	3 SEX		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	HDAY}	MONTHS	DAYS	HOURS	R 24 HRS
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		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUN	ITY OF D	EATH		
)		ryland	U.S.	Α.	WIDOWE		BALTIMORE	CTTY				MD.
7		TY OR TOWN OF DEATH				OR OTHER INSTITUTION	12s. USUAL OCCUPATI	ON	126	KIND O	F BUSIN	ESS OR
4	BA	ALTIMORE		CHEACHITY, GIVE STREET		N ADMINISTRA	TION	F WORKING	S (IFE) IN	JUSTRY		
1	USUA	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)				2	123	1	
	130. S	rvland	OUNTY	Baltim		YES X NO	13e.STREET ADDRESS / 240 N. Pa		DE.			A 17.0
-		THER'S NAME		Daitim	016	IS. MOTHER'S MAIDEN NA		1111	:150	11 1 6	alk	Ave.
4	II FA	FIRST	MIDDLE	LAST		FIRST	MIDDLE			LAS		
1		Frederick		Gross		Bessie	4000			John	nsor	1
	16a W	VAS DECEASED EVER IN U.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDRE					
		YES NO OR UNKNOWN] (IF Y		215-16-	1803	Hattie Gr	oss 240 N	. Pat				
		IS CAUSE OF DEATH (En	ter only one couse pe	er line far (a), (b), an	dicy.	0 /	1			BETWEEN	MATE INTE	RVAL D DEATH
		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (a)	(160)	dia.	- Pretmonara	Herest			60	mol	20
ı	100	165 6										
		Conditions, if any, which		OR AS A CONSEQUE	ENCE OF	Cancon						
		gove rise to immedia	le l		11/19	Laycer						
		cause (a), stating the underlying cause last		OR AS A CONSEQUE	ENCE OF							
			(c)_									
	z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION	GIVEN IN	PART III	0	
9	CERTIFICATION						Tee AUTOREY?	Tool IF	VEC MEE	C FINITE	100 1105	
	OA	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CER	YES, WER	CAUSES	OF DEA	TH?
	ZIF.						YES NO		YES 🗌		NO [
П	G	210. ACCIDENT WAS UNDERLYIN	410110	OF INJURY	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM	IB PART I O	R PART 2)		
	AL	OR CONTRIBUTING CAUSE	OI DEATH	P.M.	19							
1	MEDICAL	214 INJURY OCCURRED	ZIe. PLACE	OF INJURY		211. LOCATION	CITY OR TO	WN	C	OUNTY		STATE
ı	×	WHILE NOT WHILE	[AT HOME, S	TREET, FACTORY, OFFICE, F	ARM ETC }	ZIMEEL	CHIONIO					STATE
		220 1 certify that (1) (this	hasaital) attended t	he deceased from 1	EERDII	ARY 24 . 19 84	to FEBRUAR!	1 27	19_	C A	that (IV)	(we) last
		saw the deceased ali above, (X(wel (did) (ve on FFRRUA	RV 27 19		nd that in (Xiy) (aur) apinian						
		obove, (X(we) (did) (did	(IX) view the bad	y ofter death		DEGREE		_	12	2c. DATE	SIGNED	
		220. SIGIVATORE	4 1	mo		ATTENDING _	MEDICAL STA	FF A		5	127	las
1	19	C	- au	1/		PHYSICIAN [DIRECTOR PHYSIC	IAN [X		4	4/	184
		274 PHYSICIAN'S NAME	TYPE OR PRINT)			THE ADDRESS						
		Clarer	ice omit	N MO							1.110	
		BURIAL, CREMATION, REMO	OVAL 236. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		cou	ALTY		STATE
	(BURIAL	3/5	/84 Ga	rris	on Forest V	A Owings	Mill	ls.			Md
		JNERAL DIRECTOR				250 DAT	E REC'D. BY REGISTRAR	ISK REG	STRAPS	SIGINA	HRE M).
	T ₄ T ₄ T	n March E	/H Inc	1 1 0 1ADDRES	Nort	h AvenueFFR	2.8 1984	LIVER	rantage	11 0-1/a	10-00	A.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) AMILE 89 05 IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3. SEX MONTH YEAR Male White 15 9 1895 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Italy U.S.A. WIDOWED DIVORCED T Baltimore City NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Baltimore City Hospital Clerk Railroad USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)
130. STATE
131 COUNTY
132. CITY OR TOWN 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES T NO 🔽 Maryland Dundalk 3460 Sollers Point Road 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAS1 FIRST Not Known Not Known ADDRESS 1325 Boggs Road MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 705-10-7359 Shirley Sherrod Forest Hill, MD 21050 Yes WW I APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for ja), (b), and Ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) 10 P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 2-17 Z-1 134 220.1 certify that (1) (this haspital) attended the deceased fram_ 2-19-0 saw the deceased alive an 2-19-abave ((1) owe) (did) (did pat) view the bady after death/ and that in (my) (aur) opinion death accurred an the date and have and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED Dep * ATTENDING MEDICAL old be deta DIRECTOR PHYSICIAN MPORTANT. PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR FRINT 22a. ADDRESS MI shoul with 0 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) CITY OR TOWN COUNTY Burial 2/21/84 Gardens of Faith Cem. Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 ADDRESS Tavidson-Randall (VRA 15, 4) 7922 Wise Avenue, Dundalk, MD

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 20 DATE OF DEATH MONTH MIDDLE 26. HOUR 2:10am GULL February 1984 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED 126. KIND OF BUSINESS OR

OR, TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

136. COUNTY

Margaret

I STATE OR FOREIGN

Canditians, if any, which gave rise to immediate couse (a), stating the

210. ACCIDENT WAS UNDERLYING

LIF EITHER, NOTIFY MEDICAL EXAMINER

NOT WHILE

224. PHYSICIAN'S NAME THE DEFENT

BURIAL, CREMATION, REMOVAL

214 INJURY OCCURRED

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o) Cardiopulmonary Arrest

DUE TO, OR AS A CONSEQUENCE OF Pneumonia DUE TO, OR AS A CONSEQUENCE OF

Urosepsis

underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

sow the deceased alive on February 1 obove, (I) we look (did not) view the body offer death

Manassi

216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH

210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19 211 LOCATION

DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN

COUNTY

206. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

220.1 certify that (1) this haspital attended the deceased fro February 15, 1984, to February 1.719.84, that (1) well saw the deceased glive on February 1.7.19.84, and that in (my) our opinion death accurred an the date and hour and from the causes stated

NOF

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Minutes

DEGREE M.D.

ATTENDING PHYSICIAN 22e ADDRESS

DIRECTOR PHYSICIAN Baltimore, Maryland

M.D.Church Hospital 100 North Broadway

200 AUTOPSY?

NO

should by BP.

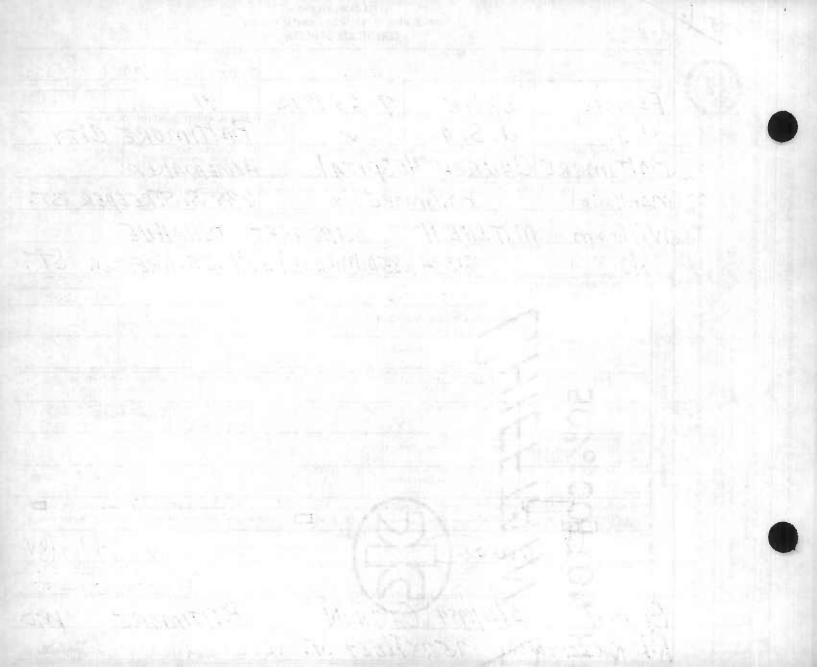
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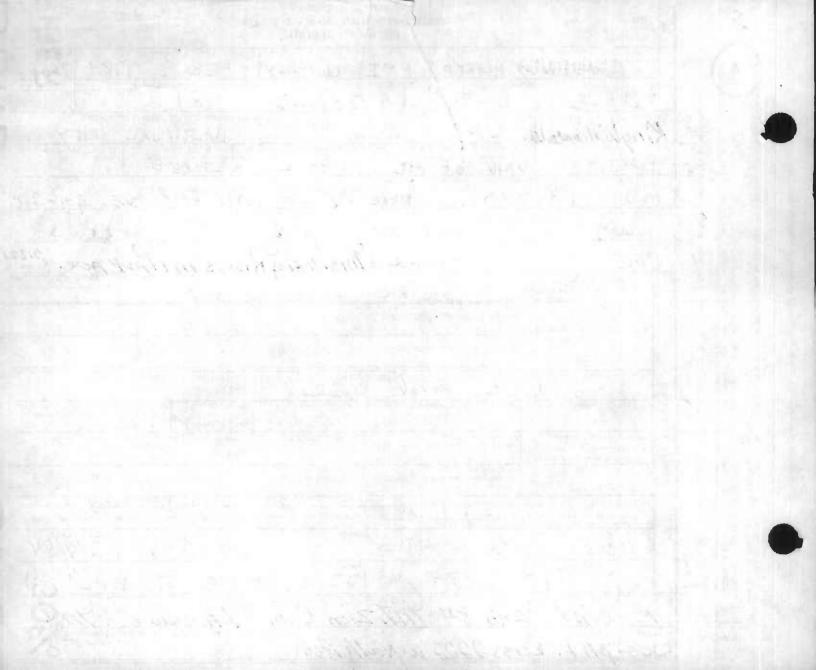
DHMH - 16 50M 4/82 (VRA 15, 4)

226 SIGNATURE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUI



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(1)	1. DEG	REGISTRAR EASED NAME FIRST OR PRINT!	MIDDLE D	LAST	REG. NO. 20 DATE OF DEATH MONTH Ch Q 01	1984 750 PM
	3. SE	MALE	ALFRED ACK	S. DATE OF BIRTH MONTH DAY 1902	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
neral direction 72 hours	7a 81	RTHPLACE (STATE OR FOREIGN AUNIRY)	76 CITIZEN OF WHATCOUNTRY	11/00	9 BALTIMORE CITY OR COUN BACT (MO A	ITY OF DEATH
by the fun	10 C	BALTIM ORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE VNIV. OF	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETURE P	126 KIND OF BUSINESS OR
nin 24 hour ly filled in should be	13a. 5	TATE 136 COUNTY		MORE YES NO	130 STREET ADDRESS / ZIP CO	AVE. #216,212
complete and 2	W	ILLIAM	MIDDLE LASS MED FORCES? 166 SOCIAL SEC	THNEY FAMILE URITY NO. 10, INFORMANT	MIDDLE ADDRESS	LEWIS
e be execution and colors. Pages		INK	E WAR OR DATES 15444	2258 Mrs. Mary	Rivers 1111	orkave DIRZ
g ph g ph remo		PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (0), (b), o D BY: "E CAUSE (0)	RIC ADENOCA	ARCIDOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires the signed to Then plea our to buriol, injury, or o	NOI	PART 2 OTHER SIGNIFICANT CEMP		Death BUT NOT RELATED TO THE TERM		
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DING PHYSIC or attending After this cerse as the buriosith and Menimorked or the	MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Spital Spital CTOR I for u of He		sow the deceased alive an	tal) attended the deceased from	, and that in (my) (our) opinion	death accurred on the date and I	
by the Oby the ERAL D edetac		22d. PHYSICIAN'S NAME (14PE C	Jan M.	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/9/84
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State	73a 8	ACBER	P 20 DA 1236. DATE 1260	MAN 22 S. (REENE ST.	BALT, M
BP	24 F	DURINI INERAL DIRECTOR	2-13-84 7	MT. Zion Cem,	TE REC'D. BY REGISTRAR 256 REG	
(VRA 15, 4)	1	oseph L. K	erss 2222 6	North HUG FF	B 1 6 1984	" Joh- Manage



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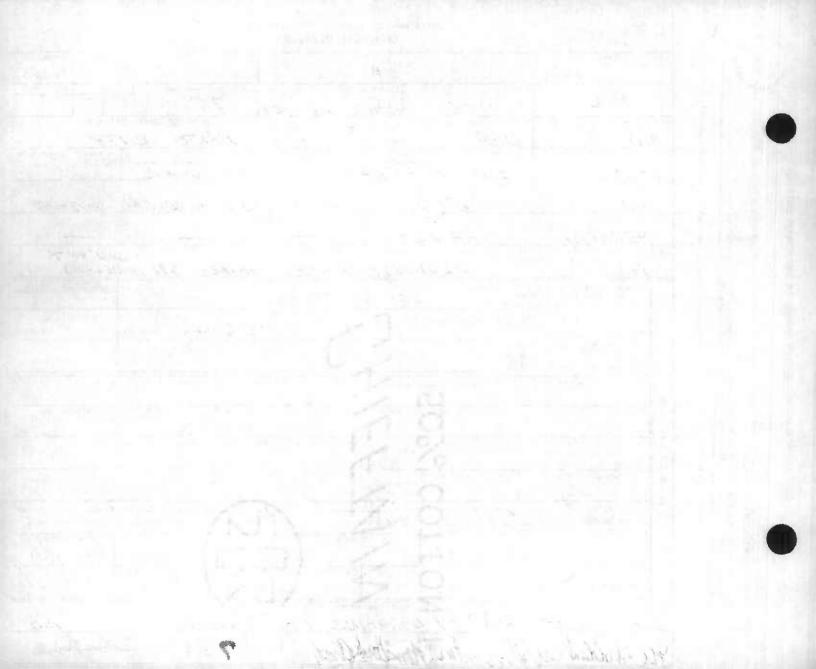
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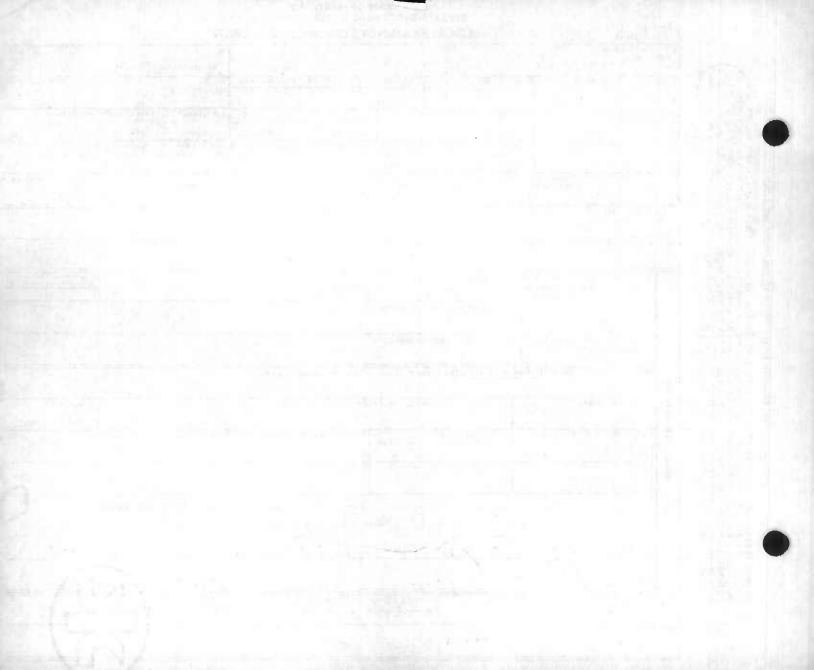
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X	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8
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Leol F. B.		22a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not) v	X/24/	ond that in (my) (our) o	84 , to 2/34/pinion death occurred on the date and hou	
SPITAL OR ATTE d by the hospite NERAL DIRECTO he detoched for e Stote Dept. of h		226. SIGNATURE	8as,MD	DEGREE ATTEND PHYSIC	IAN DIRECTOR PHYSICIAN	2/24/84
TO HOSPITAL retoined by th TO FUNERAL should be det with the Sfote MAPORTANT.		270 PHYSICIAN'S NAME (TYPE OR PP CHANDRANAT	H L. DAS	B,		OSP17AL 21239.
BP	E	NTOMBMENT	2 17 (111	31. NAME OF CEMETERY OR CREMA LORRAINE PK	BAITA	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	4	HN M. WEBE	R = sons 40	SCHESTER	FEB 2 7 1984 Final	PAR'S SIGNATURE



Biringham, Ala. USA WIDOWED XX WIDOWED XX ID. CITY OR TOWN OF DEATH Baltimore Baltimore USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSIS) 3616 Greenmount Ave. USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMESSIS) 130. STATE 130. STATE 1310. STA	26. DATE KNOWN SO MONTH DAY YEAR 26. HOURS MIN PRONOUNCED DEAD 2 22 1984 61 1. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 26. HOURS MIN PRONOUNCED 2 22 1984 61 1. OLIVER MARRIED DEAD 2 22 1984 61 1. DEVER MARRIED DEAD BALTIMORE CITY OR COUNTY OF DEATH Baltimore City
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22a. I certify that I taak charge of the remains described above, held an Autopsy .	CITY OR TOWN COUNTY ST
death resulted from: Natural causes X. Accident Suicide . Homing Suicide .	Inspection X, Inquiry , and in my opinion micide , Undetermined manner ,
230, BURIAL, CREMATION, REMOVAL 236 DATE Burial 2/25/84 Parkwood Cem.	

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1	3. SE		4. RACE	* */	5. DATE C	F BIRTH		6. AGE IN YEARS LAST BIR	-	IF UNDER 1 YE	AR IF UNDER 24 HE
A ()		Mole	u	HETE	MONTH	03	YEAR	52	YRS.	MONTHS DA	S HOURS MI
M	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) DE LAWARE	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER M	ARRIED TO	9 BALTIMORE CITY O	Himore		
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Per	OREIGN COUNTRY)	ate or	U.S.R	COUNTRY?	8. MARRIED NEVE	DIVORCED	Baltimore	or county of D	EATH	MD.
7/	Baltimor	ce C	(IF NOT IN SUCH FACILITY OTHER INSTITUTION, GIVE RE	y, give street address) Vident Hos			OCCUPATION (TY WORKING LIFE)	OR	INDUSTRY	
M	AAL YAA	1 136. COUNTY		BATTIMOYE	13d INSIDE CITY YES V		W. north	NAVE	JAH!	21216
C	ATHER'S NAME	2	MIDDLE	HALL	NAV	S MAIDEN NAME	WIDDLE	TALLA.	AST	
160	WAS DECEASED YES NO OR UNKNOW	EVER IN U.S. ARMI		10. SOCIAL SECURITY 25-18-40	. 11	N HritEi	ADDRES N 2307	HOMY OH	HAE'	30
	18. CAUSE OF PART I DE	DEATH (Enter only ATH WAS CAUSED IMMEDIATE			t Inhalati	on		BETV	PROXIMATE IN VEEN ONSET A	NTERVAL AND DEATH
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MEDICAL	21d INJURY O WHILE AT WORK	CCLIPPED		NJURY (AT HOME, FARM, ETC.)	21f. LOCATION STREET		city or town	COUNTY	and	STATE
	22a certif	y that I took charge	of the remoins describ	ed obgre, held on	Autopsy ,	Inspection .	Inquiry , o	nd in my apinion	dia	
1	death resulte	A Do Notura	Line of	Shi Sh	Hamicid	stant	mined manner	DATE	2-20-	84
1	EXAMINER'S N	NAME Denni	is F. Smyth	n, M.D.	ADDRESS	MEDIC	n Street	SIGNED		
23a.E		ION, REMOVAL 231			AETERY OR CREMATOR	RY 23d. LOC	ATION,	COUNTY	A STATE	
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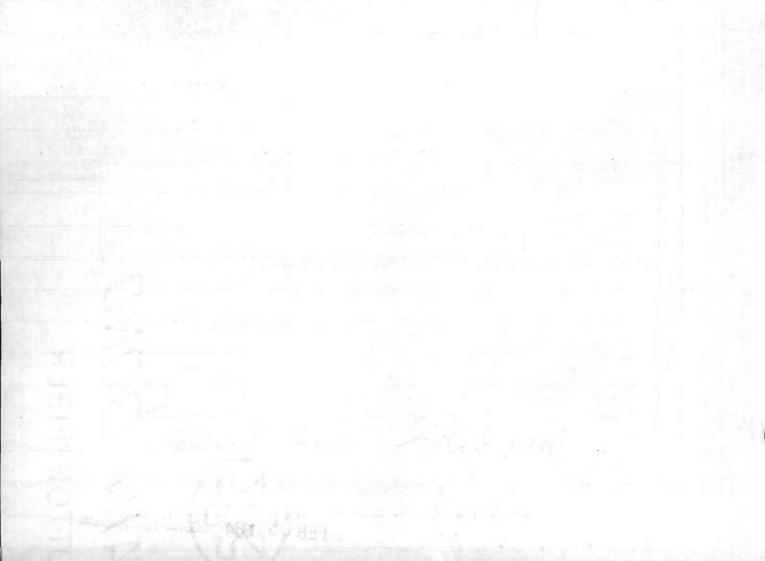
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Suriel //11/1986 Beth com Bept. Church Alvin,

Metter & Sons 2501 Glynns Palls Pt ().

Longral Home Inc. Salticore, Maryland 21216

STATE OF MARYLAND



24	4	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	
		DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
d og og	3.	SEX KEVIN	A RACE / S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNDER 24 HES MONITY LIAYS HAVES
Poge 4	1	mare	CHUTE, 64 03 55	2-8 yrs.
deoth. Pour print of the print	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) INDIANA	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED □ NEVER MARRIED MOONED □ DIVORCED □	BALTIMORE CITY OR COUNTY OF DEATH
ofter de ofter de within	34 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) OUSTRI
D 2120 4 hours led in by ld be file	650	OUAL RESIDENCE (IF NURSING HOMES	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE
within 2 lerely fill d 2 show	25	FATHER'S NAME FIRST	MIDDLE LAST YES MOTHER'S MAIDEN N.	
ecuted and comples I once	0 /	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		ADDRESS MC NAIR
TIMO on on s. Pog	2	100	220-60-8250 CHART	
hot the death certificate by the ottending physics remove carbon pages of cremation, or removal other traumatic event, it		PART I. DE ATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE PUTERVAL BETWEEN ONSET AND DEATH Y mules 2001 2 years.
Iow requires to so been signed ermit. Then ple e prior to burio	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED	NINAL DISEASE OR CONDITION GIVEN IN PART 11a
The The Cron cron sit p	4			YES NO YES NO NO
N OF VITA ng physica certificate oriol-transis them 18 ski		00.00.00.00.00.00.00	EATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
G PHYSICIA offending plant this certification the buriolitic ond Mentol or the defending them.	1	21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET	CITY OR TOWN COUNTY STATE
OTENDR pitel or TOR: At for one of 14 mol		sow the deceased alive o	n 19 54, ond that in (my) (our) opinion	deoth occurred on the date and hour and from the causes stated
TAL OR A y the house searched tore Dept.	1	DESCRIPTION OF THE STREET OF	DEGREE ATTENDING PHYSICIAN	MEDICAL STAN 2/4/84
O HOSPI Thomas I have been a second by the sign of the		DAMA	roust) 225 out 4	- aken st. Brit.
949999	2	PEHATION, REMOVA	214/84 PONAME OF CEMETERS OF CHEMATORY	THE OCCATION OF PORT PEND.
DHMH - 16 50M 4/83 (VRA 15, 4)	124	AYLOR FUNE	FRAL PAPEL HOURSS HUMAPULISHO	DE DESCRIPTION OF THE PARTY OF

THE STATE STATES COLLINS

W.15 7 21.NU DAN FORDER + (DE) ENTER STATE OF THE Albert Desper 2019 PARIOS TEXT POLICE COM. Salvel Janear gill wood and Sunday THE REPORT OF THE PERSON OF TH 18/48/6 To the same of the sam Harvard is now in the party of the said in the Superior State of San

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR Film G588 Item #5

y	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		NE O 4) ! o.	25	
8.4		CEASED NAME FIRST	MIDDLE	. 1	AST ASI	2		MONTH DA	YEAR	26. HOUR -
oy be page 3 death	2 (5)	JAME	EDWARD	5. DATE C	TICUY	4	AGE (IN YEARS LAST BIRT	184	UNDER 1 YEAR	IF UNDER 24 HRS
m refer, p		ALE	BLACK	JUN		To	73	YRS.	NTHS DAYS	HOURS MIN.
8 23		RTHPLACE (STATE OR FOREIGN 7 DUNTRY) VIRGINIA	US of A	MARRIEI WIDOWE	D NEVER MARRI	IED L	BALTIMORE CITY O	COUNTY	F DEATH	y MD.
5 199	10 C	BALTIMORE	1. NAME OF HOSPITAL, NI (IF NOT INSUCH FACILITY, GIVE		TOSPITA		2a. USUAL OCCUPATI TYPE OF WORK FOR MOST O		126. KIND OF INDUSTRY	BUSINESS OR
ND 212	USU, 130. S	AL RESIDENCE (IF NURSING HOME OR O ITATE 13b COUNT MARYLAND	TY 13c CITY OR	MORE	136 INSIDE CITY LIV YES X NO		e. STREET ADDRESS	BEAUF	ORT AVE	21215 ENUE
WARTILA IN THE STATE OF THE STA	14 FA	THER'S NAME FIRST UNKNO	IDDLE LAS	1	15. MOTHER'S MAII FIRST	DEN NAME			LAST	
B	160 V	VAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRI		212	
BALTIMORE table the execu- system and of appear Poges and the medical		res, no or unknown) (IF YES, GIVE			MISS MYR	TLE P	. GARNER 1	313 MA		
7 4 5984		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY. AT	DIAC	ARRE	-57			BETWEEN	MATE INTERVAL INSET AND DEATH
PRESTON ST the distriction of the other minore contra- mation, or rem		4439	DUE TO, OR AS A CONS	SEQUENCE OF	. C				84	155VC
desir desir	20	Conditions, if any, which gave rise to immediate	(b)	50751	5		7		DIV	L L S
W to the	13	couse (a), stating the underlying cause last.	DUE TO, OR AS, A CONS	SEQUENCE OF	AZ VA	SLU	AR DISI	FASE		
DS, 20 signed her pli to bury, or	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1(a).
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY? YES NO		WERE FINDIN	
N OF VITA SECIAN. T ng physici certificate urial-transi tental Hygi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
DIVISION ING PHYSE r attending styler this ca os the buri	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	vn	COUNTY	STATE
TEND rial or OR: 4 or use f Heal		22a 1 certify that (1) (this hospite saw the deceased alive on a above, (1) (we) (did) (did nat	2/24	11-11), 19 nd that in (my) (our)	opinion de	oth occurred an the d	ote and hour o	and from the c	hat (I) (we) last ouses stated
F 000 0		27b. SIGNATURE LANGE	Olles	la	DEGREE, ATTEN		MEDICAL STA		22. DATE S	12/84
FU FU		22d PHYSICIAN'S NAME (TYPE OR	PRINTI	-	226. ADDRESS 2-600	LIBE	5274 H	175		
0 5 5 4 ¥ ¥	23a (BURIAL, CREMATION, REMOVAL SPECIFY)	23b DATE	23c NAME OF C	EMETERY OR CREM.	ATORY	236. LOCATION CITY OR TOWN	c	DUNTY	STATE
BP	24.5	BURIAL JNERAL DIRECTOR	2/27/84	MT. AU	BURN CEME		BALTIMOR REC'D. BY REGISTRAR		AR'S SIGNATU	MD.
DHMH - 16 50M 7/77 (VR A 15 (4))		LEWIS T. GWYNN	4517 PARK HE	IGHTS AV	ENUE	FEB	29 1984	ista Da	4dson-R	ndell

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.cs	BOOTERS.	n 499 15 13		2/27/84 1517 A.E. HAVEK	DEMINITE TO CHARM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH I. DECEASED NAME 7b. HOUR (TYPE OR PRINT) JOYCE HARGROVE FEBRUARY 20 1984 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH DAYS HOUR5 52 Female Black. 6 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K BALTIMORE CITY Maryland U.S.A. WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOPKINS HOSPITAL BALTIMORE JOHNS 21202 IN COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 200 N. Aisquith St.Apt.2-A Baltimore Marvland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Elizabeth William Davis DAvis ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 1147 Orleans Street UNKNOWN 215-64-9459 Sarah Griffin 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF SYMTH Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DR 190 DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? PER NOF 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. APPROVAL 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION COUNTY STREET CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on Newwo and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22h. SIGNATURE DEGREE ATTENDING MEDICAL 2/20/84 DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be MPORT, RELEASED CHERYL L. NEWMAN Wolfe Street 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 2/24/84 Mount Auburn Cem. Baltimore, 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Wm CNAMMarch F/H Inc. 1101 ADE North Ave. (VRA 15, 4)

Mitchell Children . Part and a state of the later

1 5 0	1 -	FOR STATE REGISTRAR	DEPARTMENT C	TATE OF MARYLAND DE HEALTH AND MENTAL RYG ET IFICATE OF DEATH	GIENE REG. NO.	3
	(TYPE	CEASED NAME PRST	phine t	FARLE	20. DATE OF DEATH MONTH	17 - 84 · 12 · 40p
)	3. SEX	Female		TE OF BIRTH DAY 11 22 16	6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	IF UNDER 1 YEAR IF UNDER 24 H
35		OUNTRY) Maryland		RRIED NEVER MARRIED X	Balto City	Y OF DEATH
46	Ва	ilto.	11. NAME OF HOSPITAL, NURSING HOA HENDT IN SUCH FACILITY, GIVE STREET ADDRESS! Lutheran Hosp.	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION 1 (patient)	12b. KIND OF BUSINESS INDUSTRY
彩	USUA 13a. S	ALRESIDENCE (IF NURSING NOMEOR TATE 13), COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 1Y Catonsville	13d. INSIDE CITY LIMITS? YES NO	Tawes Nurs. Hom	ne 21228
1/30	1	Joseph	Ciepierski	Catherine	WIDDLE	Kot
12	16a-W	VAS DECEASED EVER IN U.S. ARA (15 YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 216-80-7181		ADDRESS 160 rce Curtis Bay,	05 Cereal St. Md.
it. Then please remort in the burial, cremation by injury, or ather from	ATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE C (c) ONDITIONS CONTRIBUTING TO DEATH	LA Duodonal BUT NOT RELATED TO THE TERM		IVEN IN PART 1/a
	2	THE BUILD OF GUARANTE	7.5			TO, THE RE PRINDINGS USED
ows on	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DAY YE		IN CERTI	IFYING CAUSES OF DEATH?
giene pri	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YE	19 211. LOCATION	YES NO Y	IFYING CAUSES OF DEATH?
Mental Hygiene pri		OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	HOUR A.M. MONTH DAY YE P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC. (al) attended the deceased from 2 7 - 1 7 (1) view the body after death.	211. LOCATION SIRRET . and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NO IN CERTI	PART I OR PART 2) COUNTY STATE COUNTY STATE TO THE STATE SIGNED
Dept. of Health and Mental Hygiene pri		OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AI WORK 22e. Lecrtify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did nat	HOUR A.M. MONTH DAY YE P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC. (al) attended the deceased from 2 7 - 1 7 (1) view the body after death.	211. LOCATION SIRRET 211. LOCATION SIRRET . and that in (my) (our) apinion DEGREE ATTENDING	YES NO IN CERTIFY PRED (ENTER NATURE OF INJURPANITEM 18 CITY OR TOWN death accurred an the date and ha MEDICAL STAFF DIRECTOR PHYSICIAN	PART I OR PART ?) COUNTY STATE LOUNTY STAT

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called a continuence of the continuence of the second of t is about one atom acce. It accesses by the land and access Department when a CVA Paliile X Olf auciei en die, 1954 de Benille de e die en epiton, estus, de 6000 Lagiord Rd., Tolson, Chor. 1, 21216.

oge 4 moy be executed within 24 hours ofter mpletely filled in by the ond 2 should be filed wi puo requires that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: Fowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is morked or Item 18 shows any injury, or other traumotic event, the management of the plant of the pla PHYSICIAN: The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR								REG. NO					
		EASED NAME OR PRINT)	FIRST	^	AIDDLE		NST 20		20. DATE OF D	EATH M		DAY YEAR		HOUR	
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	3 SEX		1	RACE		5. DATE O			6. AGE (IN YEAR	RS LAST BIRTH		IF UNDER 1 YE	-	UNDER 24	
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2	10 CIT	Y OR TOWN OF	DEATH		HEACHITY GIVE STREET				120 USUAL OC			12b. KIND		USINES	SOR
	BA	ALTIMOR	E	VAMC, E	Baltimore	2, Mar	yland 2	1218							
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	I4 FAI	THER'S NAME FIRST	A	AIDDLE	LAST		F	IRST		MIDDLE			LAST		
2		Ernes	t	L,	Harper	r, Sr	Su	die				Ве	st		
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١		ES, NO OR UNKNOWN YES	(IF YES, GIVE	WAR OR DATES	218-22-	-4052	Lilli	e M. (Harper	110	10 N	. Cal	.ho	un	St.
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		underlying co	ause last.	(6)	Mesent	eric	Vascul	av (ock Occlus	Low					
	1	PART 2 OTHER S	SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO						ITION GIV	EN IN PART	lía		
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d	CERTIFICATION	19a DATE OF OPI			TION FOR WHICH			MED	20a AUTOP	SY?	20b. IF YE	S, WERE FIN	DING	SUSED	
	F.	_	15-84	1.70	Esopha						IN CERTIF	FYING CAUS	SES OF	DEATH	?
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1		210. ACCIDENT WAS		216. TIME O	FINJURY M. MONTH D	AY YEAR	ZIC HOW INJ	URY OCCURR	RED (ENTER NATU	RE OF INJURY	IN ITEM 18	PART I OR PART	23		
	S		MEDICAL EXAMINER)		M.	19									
	MEDICAL	21d INJURY OCC	URRED	21e. PLACE			211. LOCATIO	N		CITY OR TOW	N	COUNTY		STA	ATE
	₹	WHILE NO	T WHILE	(ALHOME SIK	EET, FACTORY, OFFICE,	PARM, ETC.)	SINCE								
	1			al) attended the	e deceased from	Tanua	711 13	19 84	10 Fob	пиани	1 18	19 84	_ the	X (we	e) last
								,	death occurred		, , , , ,	or and from t		-, - ,	
		abave, W (w	eased alive an	view the bady	affer death.		DEGREE					22c DA			
	l I	118 SIGNAJORE	1	V	MD			TENDING	MEDICAL	STAFF					
			K.	Kern			P	HYSICIAN [DIRECTOR			1 2	-19	-84	
		22d. PHYSICIAN'					22e ADDRESS								
			K	rn			VAM	C. Bal	timore.	Mari	<i>lland</i>	21218	Š		
	23e B	URIAL, CREMATIO	ON, REMOVAL	23b. DATE	73c.	NAME OF C	EMETERY OR C	REMATORY	73d. LOCATI	ION					
		BURIAL		2/23	/84 G	arris	on For	est \	A OWII	ng M	ills	COUNTY		Md	TE

Wm C^{AME} MArch F/H Inc. 1101^{ADDRISS} North Avenue

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB 2 1 884

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

ATTENDING

etained by the hospital TO HOSPITAL OR



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FOR STATE							4 0	0		
REGISTRAR		MEI		NER'S C	ERTIFICATE					
(TYPE OR PRINT)	AE FIRST		WIDDLE		LAST	2a. DAT	E KNOWN	MONTH DA	AY YEAR	2b. HOUR
	JOHN	A.				•	H MATED	2 3	1984	M
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M	W			YRS.				2 3	1984	10:34
I RTHPLACE	STATE OR	76. CITIZEN OF WH	HAT COUNTRY?	8. MARR	ED XXNEVER MAR	RIED 7. BALT	IMORE CITY O	R COUNTY O	F DEATH	
Ohio		U:	SA	WIDOW	ED DIVOR	Da.				MD.
CITY OR TOWN	OF DEATH				ER INSTITUTION	12a USUAL OCC	UPATION (TYPE	OF WORK 12b	OR INDUST	JSINESS RY
		Provide	ent Hosp.	(DOA)						
SUAL RESIDENC			1136. CITY OR TOWN		D.3d. INSIDE CITY LIMITS?	13e STREET ADD	RESS Self-	-emplo	yed	
MD						509 E	. 39th	St. 21	218	
FATHER'S NAA	AE .	WIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
Jol		Α.	Harris,	Sr.	Mary			?		
WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS			
			234 38 9	880	Mrs. D	arlene F	. Harr	is, S	Same	
18 CAUSE	OF DEATH (Enter or	nly ane cause per line	far (o), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
PARTIL	IMMEDIA	TE CAUSE (o) Ar	cterioscler	cotic	cardiovas	cular dis	ease			
142	92		AS A CONSEQUENCE	E OF						
		DUE TO, OR	AS A CONSEQUENCE	OF						
		(c)								
	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 1	BUT NOT RELATED TO THE TEI	RMINAL OISEAS	OR CONDITION GIVEN IN	PART 1 In				
<u> </u>										
S 190. DATE C	F OPERATION	196 CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFORMED?			2		?
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UNDERLYIN					DW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18 F	PART 1 OR PART 2)		
CONTRIBUT			. 19	216 10						
WHILE	NOT WHILE	STREET FACT				CITY OR	TOWN	COUNTY		STATE
AT WORK	AT WORK									
22a cer	tify that I taak charg	ge of the remains des	cribed obove, held an	Autop	sy X, Inspect	ian . Inqu	ry , and	d in my opiniai	n	
death resu	ited fram Natu	ral couses X,	Accident , S	ouicide 🔲	, Homicide	Undetermined	monner .			
ACTUAL	1	00			TITLE (SPECIFY)			0.175		
	$-\Delta W$	uha		M	.o. Assista	nt MEDICAL EX	AMINER	SIGNED_	2-4-84	1
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(TYPE OR PE	RINT) An							, Md.	21201	
(SPECIFY)						23d. LOCATION	٧	COUNTY	S.	TATE
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4905 Yo	ork Road	Balto.,	MD 212	212	,	0 1504	gou	-0-	- mary	5-
TO THE STATE OF TH	DECEASED NAM (TYPE OR PRINT) SEX M DRITHPLACE OREIGN COUNTRY Ohio CITY OR TOWN DATE HESIDENCE OR STATE WAS TOWN TATHER'S NAM FIRST JOH OR WAS DECEASE (YES, NO, OR UNKR YES, NO, OR UNKR YES, NO, OR UNKR YES, NO, OR UNKR YES, NO, OR UNKR YES 18 CAUSE PART 12 OTHER UNDERLYIN CONTRIBUT 210 EXTERN UNDERLYIN CONTRIBUT 211 INJURY WHILE AT WORK 220 I Cert death resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR TO BURGAL, CREM (SPECIFY) BUN 4 FUNERAL DIRE NAME	STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) SEX JOHN SEX A RACE M URTHPLACE (SLATE OR OREIGN COUNTRY) Ohio CITY OR TOWN OF DEATH Baltimore SLAL RESIDENCE (IF IN NURSING HOME: II. 3b COUN MD I FATHER'S NAME FIRST JOHN III. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) III. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate couse (a) storing the under lying cause last. 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FOR - STATE

REGISTRAR

1. DECEASED NAME

LIYPE OR PRINTI

DHMH - 16 50M 4/83

(VRA 15, 4)

Marie Rose Harris 1984 February 6 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City. 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY homemaker 13e STREET ADDRESS / ZIP CODE Balto, Md. 3135 Kenyon Ave, 21213 Rausch William A. Harris, 3135 Kenyon Ave attrevoulede heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OF LOWN COUNTY STATE 2-6 and that in (a) (our) opinion death occurred on the date and hour and from the causes stated 226. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 3703 Belair Road, Balto, Md. 21213 2/10/84 Garden of Faith Balto, Md Burial 24 FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME, 3331 Brehms La, 2 1293

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

20 DATE OF DEATH MONTH

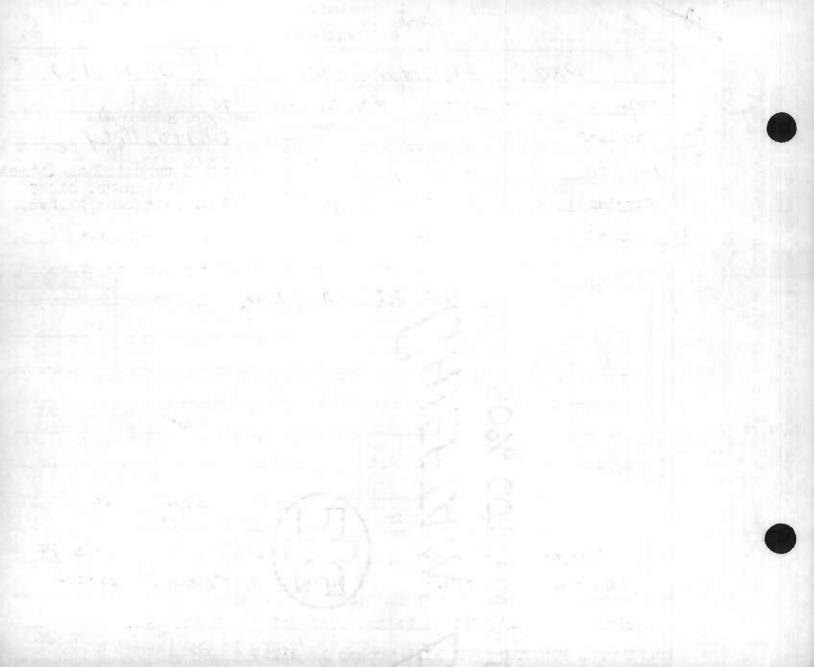
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	IA-E	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		WIDDLE	LAST	
	1	Rober	t	Hiram	Harris	sr.	Juanita			Clark	
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		Yes		-1983	214-68-		Robert H	. Harris	Sr. Balt	timore, M	
		18 CAUSE OF PARTIDEA	DEATH (Enter on TH WAS CAUSE		ine for (a), (b), and (c).)				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
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7	CATION		1	CONTRIBUTING TO DEA	LIN BUT NOT RELATED TO THE			N PART I (a).		20. AUT	OPSY?
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE unweight - interest the management

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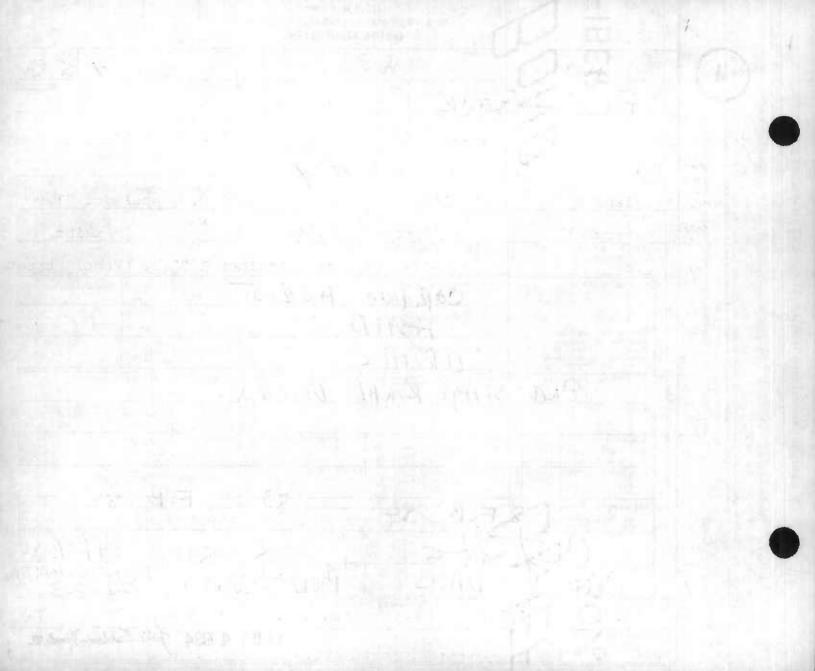
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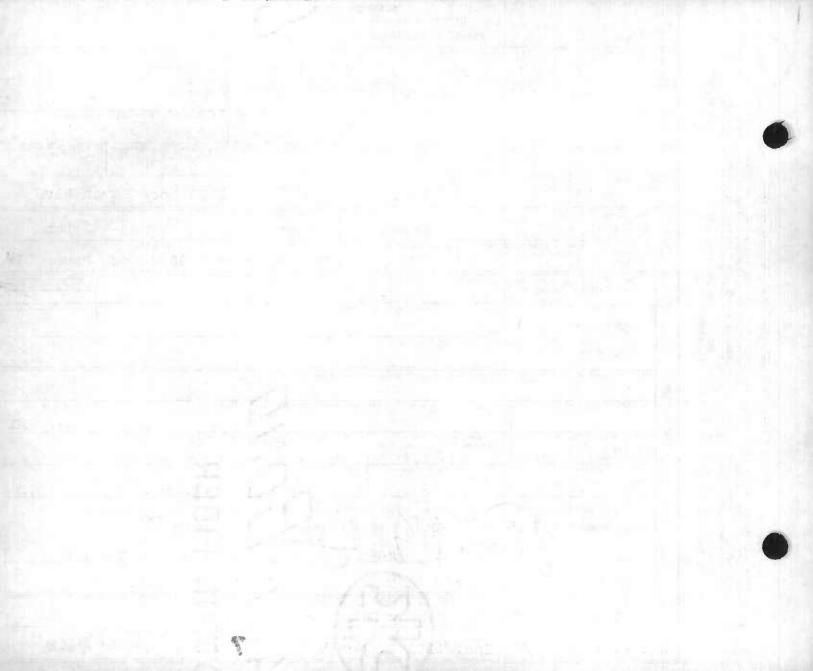
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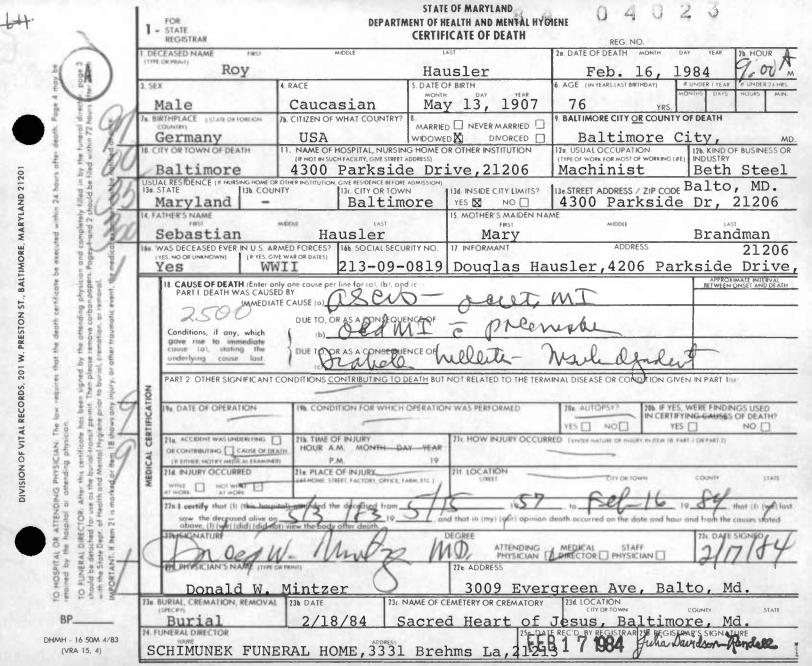
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X MONTH 26 HOUR DECEASED NAME (TYPE OR PRINT) Shario Y DEATH MATED 10 84 (Hason) Hasan Shariq 2d HOUR 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE SEX 4:08A MONTH 5 YRS PRONOUNCED Caus. 12 10 79 1084 DEAD YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD WIDOWED [DIVORCED Baltimore City, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREE 5804 Loch Raven Blvd 13a. STATE 1136 COUNTY YES X NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Jahan FIRST Sarwat S. Hasan Syed 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 5804 Loch Raven Blvd Syed S. Hasan N/A No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Cranio cerebral trauma OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CULTHE CRITICALE, WRITING THE WORD

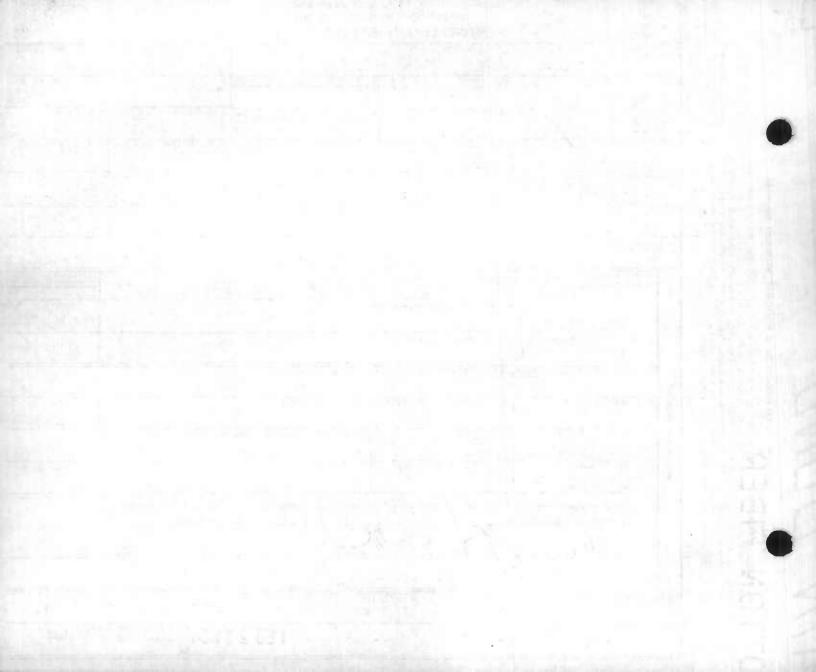
FROM THE CHIPPED TO THE CHIPPED SERVICE BE USED THE CHIPPED SERVICE DEPARTMENT OF THE DEPARTMENT OF THE DEPARTMENT OF THE CHIPPED SERVICES. YES NOXX 116. TIME OF INJURY HOUR AM MONTH DAY YEAR 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR 24 19 84 Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK Loch Raven Blvd. Baltimore MD street Inspection X discribed above, held an Autopsy Inquiry and in my apinian 220 I certify that I took charge Hamicide L Undetermined manner Suicide death resulted from: TILLE (SPECIFY) **ACTUAL** 2/25/84 Deputy ChiefeDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TO FUI AFTER BALTER (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE MD Balto. Co. 2/25/84 Johnny Cake Mosque Burial BP 250 DATE REC'D BY REGISTRAR 26 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Inc. 1101 E. North Wm. C. March F/H, (VR A15 ME (5)) 20M 4/82





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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

CERTIFICATE OF DEATH

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	REG. NO.		
	20 DATE OF DEATH MONTH DAT	YEAR	2b HOUR
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		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN,
	69 YRS	NINS DAYS	HOURS MIN,
	9 BALTIMORE CITY OR COUNTY O	FDEATH	
	Baltimore Ci	tv	MD.
	17a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]	126. KIND O INDUSTRY	F BUSINESS OR
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	CITY OR LOWN	COUNTY	STATE
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	, to	17	that (I) (we) last
an c	death accurred an the date and hour o	and from the	couses stated
	MEDICAL STATE	W. DAT	55N9)

REGISTRAR DECEASED NAME MIDDLE LIVEE OR PRINTS William Т. Hebron Jr. 4 RACE 5 DATE OF BIRTH 3. SEX MONTH 1 4 A Black. Male BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Washington, DC WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) The Johns Hopkins Hospital Baltimore SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS Maryland Baltimore YES X NO 🗆 15 MOTHER'S MAIDEN 14 FATHER'S NAME MIDDLE LAST William T Pearli Hebron In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 217-05-1404 NO Glendora 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE CERTIFICATION 90 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 71g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) sow the deceased alive on and that in (my) (aur) apini obove, (I) (we) (did) (did not) (v 22h SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME | 77s. ADDRS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore, STATE BURIAL COUNTY 3/2/84 Md. Mount Auburn Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

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should be det with the State IMPORTANT:

C March F/H Inc. 1101 E North Avenue FEB 29

wha Davidson-Handale



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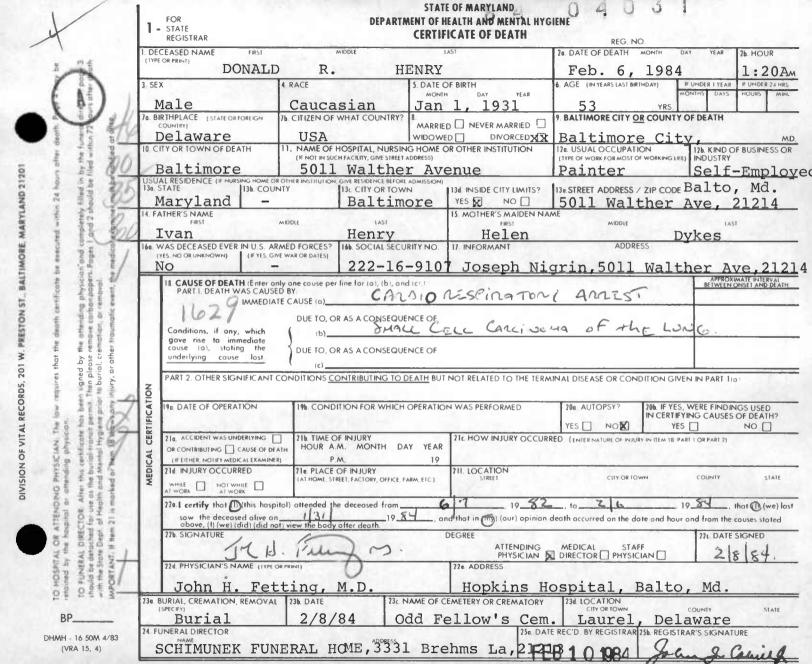
STATE OF MARYLAND

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ELEGASED VINONICOMEDO DR KAUFFMAN PER	ow re	CERTIFICATION 160	DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERF	ORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
S Z	The I	THE Z	EB. 3 1984	BENIGH PROST	ATTIC HYPERT	ROPHY	YES NOW	YES 🗀	NO 🗌
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N.	ATTER Spiro CTO of for n 21		saw the deceased alive above, (I) (we) (did) (did mil	body after death.	1,000	() (our) opinian	death occurred an the d	ate and haur and fram t	
	OR be ho ochec ochec	725	SIGNATURE	4	DEGREE	ATTENDING _	MEDICAL STA	FF	ATE SIGNED
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	Os Tata		CRAIG PETER	35	TONE	US HOPKI	NS HOSPITA	Z BALTIN	TOPE MO
	show with	230-9091	AL, CREMATION, REMOVAL		MME OF CEMETERY OR		23d. LOCATION	CALINTY	STATE
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STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO "SISTER MARY CECELIA HERBERT 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR LTYPE OR PRINTI Sister 5.301 2 3. SEX DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS HOURS BLACK **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY MD USA DIVORCED T WIDOWED Baltimore City & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore St. Agnes Hospita USUAL RESIDENCE (IF NURSING HOM) 113d INSIDE CITY LIMITS? 13e STREET ADDRESS MD Baltimore Catonsville YES [701 21228 Gun Rd 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Joseph Herbert Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS same YES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 219-54-3372 Sister Mary Charolette Marshall No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 ~ Tochyrardia Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 2/4 obove, (1) (we) (did) (did not) view the body ofter death , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF nebacken PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS WORETH Si. HENES HOS 11, 7746 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION

New Cathedral

DHMH - 16 50M 1/BI (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Ave.

2/8/84

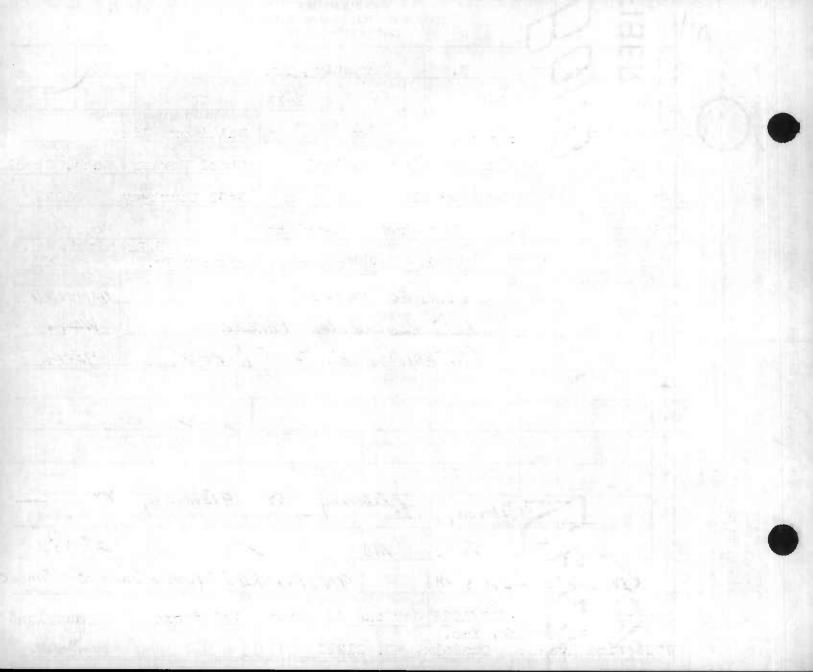
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256. DATE REC'D BY REGISTRAR'S SIGNATURE
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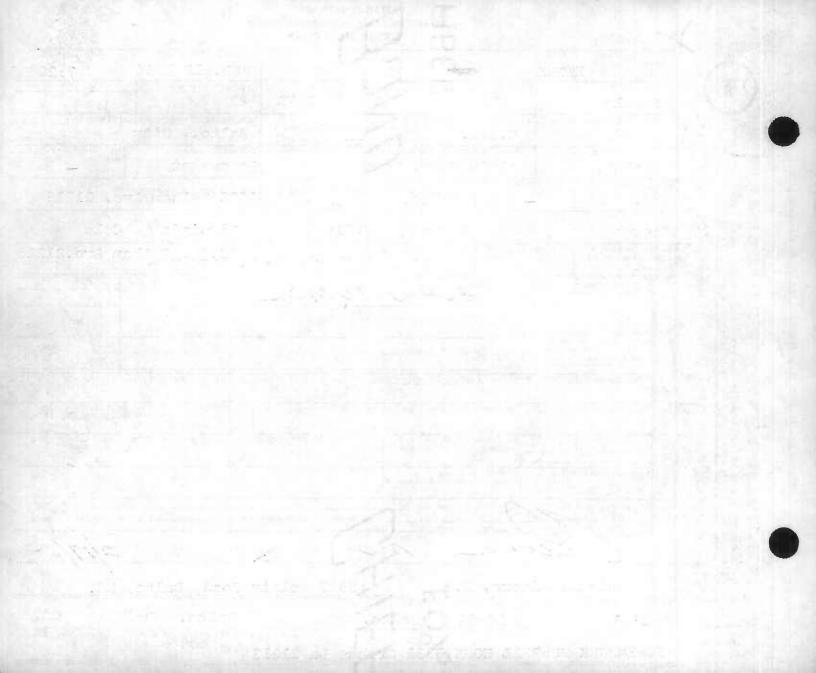
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A521 , V . July .

SCHIMUNEK FUNERAL HOME, 3331 Brehms La. 21213

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME EIRST ROSENSTOCK 2a. DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) 8 40 ALICE HESS 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR **FEMALE** WHITE SEPT. 26, 1896 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA U.S.A. BALTIMORE CITY WIDOWED X DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR THE "UNION "MEMORIAR" HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE MARYLAND 21201 HOUSEWIFE AT HOME USUAL RESIDENCE HE HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 136 STREET ADDRESS / ZIP CODE APT . 526 116 W. UNIVERSITY PKWY 21210 BALT IMORE 134. INSIDE CITY LIMITS? MARYLAND YES TA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST VIRGINIA ROSE DORA **ISAAC** ROSENSTOCK HESS ALTIMORE. MAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT c/o MR. (IF YES, GIVE WAR OR DATES) 212-22-1850 TOWSON MD 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES T NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOI WHILE AT WORK 220 1 certify that (1) (this hospital ottended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) we (did) I did not) view the body ofter death 226 SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should by IRA H. COPELAND M.D. 201 EAST UNIVERSITY PARKWAY 21218 0 23e. BURIAL, CREMATION, REMOVAL 23(. NAME OF CEMETERY OR CREMATORY 236. DATE 23d. LOCATION BURIAL CITY OR TOWN STATE 2/26/84 BALTIMORE HEBREW CEM BALTIMORE MARYLAND FEB 29 1984 June Sundan Window SOL LEVINSON & BROS . INC. DHMH - 16 50M 4/83 6010 REISTERSTOWN RD. BALTIMOREMARYLAND 21215 (VRA 15, 4)

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6010 REISTERSTOWN RD. BALTO, MD 21215

(VRA 15, 4)

STATE OF MARYLAND ... DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι'	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.					
	ECE ASED NAME	RUTH	M.		IGGINBOTTOM	Pebruary		984	26. HOL	Dp.M		
3. SE	Female	9	4. RACE White	5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER			
	BIRTHPLACE (STAT COUNTRY) Mass.		76. CITIZEN OF WHAT COUP	MARRIE		9. BALTIMORE CITY O Balt						
1	Baltimo	re	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 2800 Ruecket	rt Ave.	(Residence)	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewi	F WORKING LIFE	126. KIND O INDUSTRY	F BUSINE	SSOR		
13a.	Maryland	13b. COU!			13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		uecker	t Aven	ue 2'	1214		
1	ATHER'S NAME FIRST William			readie	15. MOTHER'S MAIDEN NA FIRST Ida	MIDDLE		Deal	n			
	WAS DECEASED E (YES, NO OR UNKNOWN NO		VE WAR OR DATES)	5-5429	Harold J. H	ADDRE igginbottom			1214 rt A	re.		
	18 CAUSE OF D PART I. DEAT	18 CAUSE OF DEATH (Enter only one couse per line to)) (o), (b), onder PART I, DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)]								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	429 Conditions, if gove rise to couse (o), s underlying co	ony, which immediate toting the	DUE TO, OR AS CON	mar	ed a se	red)		y	S	. 1		
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
CERTIFICATION	190. DATE OF OP	ERATION	19b. CONDITION FOR W	VHICH OPERATIO	YES NO YES							
	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	DEATH HOUR A.M. MONTH DAY YEAR									
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN COL								S	STATE		
	220. I certify that (I) (this hospital) attended the deceased from											
	Dr. G		Patricio M.D.	•	703 S. Clin			more, 1	Md.			
230	BURIAL, CREMATION (SPECIFY) Cres	on, removal	Feb 15 1984		iew Memorial	23d LOCATION CITY OF TOWN Balti	more	COUNTY Ma	ryla	nd		
	UNERAL DIRECTO		Two Pol+400	DRESS MO	25a. DAT	E REC'D. BY REGISTRAR	156 REGISTE	RAR'S SIGNAT	URO CO	4		

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Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

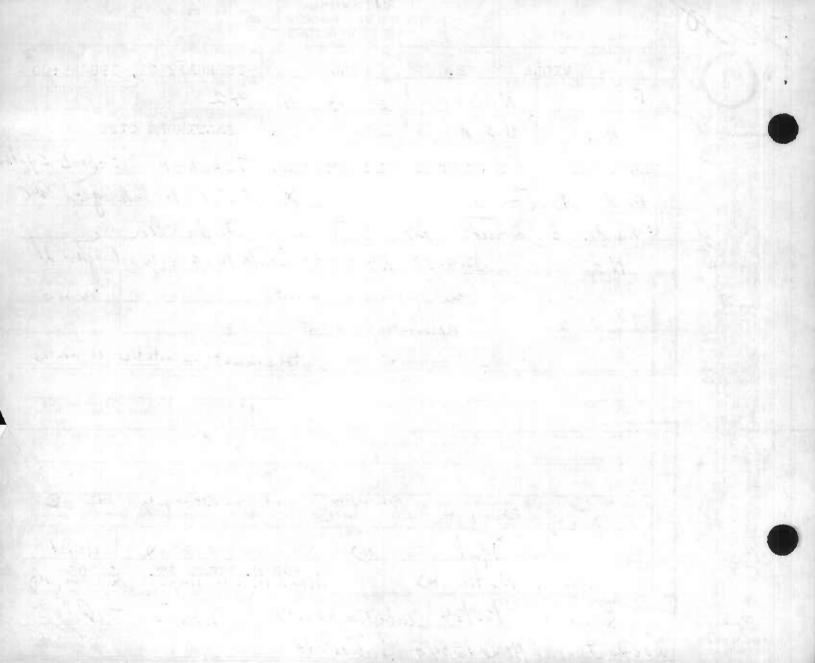
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4210	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE REG. NO.	J.
100	DECEASED NAME FIRST	WIDDIE	LAST		DAY YEAR 26 HOUR P
2 30	(TYPE OR PRINT) VIOL	A E.	HILL	FEBRUARY 21	1984 9:00 4
1 1 1 1 1	I SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	2	NEGRO	3 13 41	42 yrs.	
0 25	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY BALTIMORE	
other of the state	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) PKINS HOSPITAL	120. USUAL OCCUPATION UYPE OF WORK FOR MOST OF WORKING LIFE	JENEOL SYPTE
AND 212	SUAL RESIDENCE (IF NURSING HOUP'OR 10 LOCAL STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO		hington the
MARYLA MARYLA	Charles E.	MED FORCES? 1166 SOCIAL SECU	15. MOTHER'S MAIDEN NA FIRST RITY NO. 17. INFORMANT	Franklen	Lusi
W S S S P P	60 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 214-38		1/h 1029 N. WO	The second secon
RDS, 201 W. PRESTON ST., BALTI equires that the death certificate by the other diagraphysical Their please emove to their papers. To burion, cremetion, or removal injury, or other redumentic event, he	Conditions, if ony, which gove rise to immediate couse lo), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUI (b) A ESPER DUE TO, OR AS A CONSEQUI (c) AJANG	elowany arrest	Breast netastate WINAL DISEASE OR CONDITION GIV	2 1 months EN IN PART 1(0
A Sony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITAL HYSICIAN: The iding physicion is certificate h buriol-tronsit Mountain 18 shound	OR CONTRIBUTION CALISE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
IVISION JG PHYS Offentials of the burnond months of the burnond method	THE EITHER, NOTHEY MEDICAL EXAMINER 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDI tologo THeor		tol) ottended the deceosed from		deoth occurred on the date and hou	19, that
J + J + 0 - 1	226. SIGNATURE	R. Hali		MEDICAL STAFF DIRECTOR PHYSICIAN	ZZIZEY
MP O H	224 PHYSICIAN'S NAME (TYPEO	Matin Md	220. ADDRESS 600	N. WOLFE STA	Bultimen, M)
BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burnsl	23b. DAJE 25/84 23c.	Parties MemiPK	23d. LOCATION CITEDRIGHT	STATE STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	Locks Tuneral	Home 1304.1.	Central an FE	TE REC'D. BY REGISTRAR 255. REGIST	RAR'S SIGNATURE



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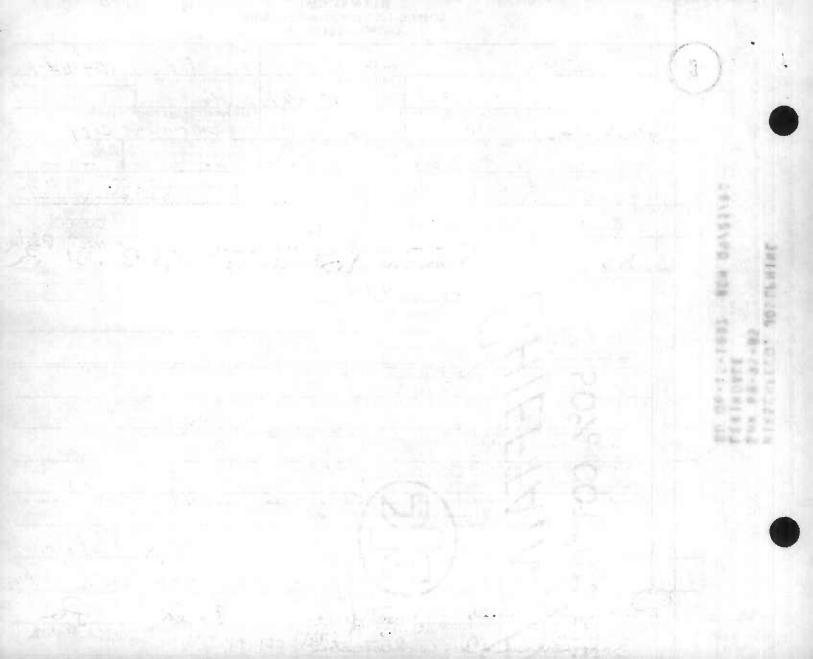
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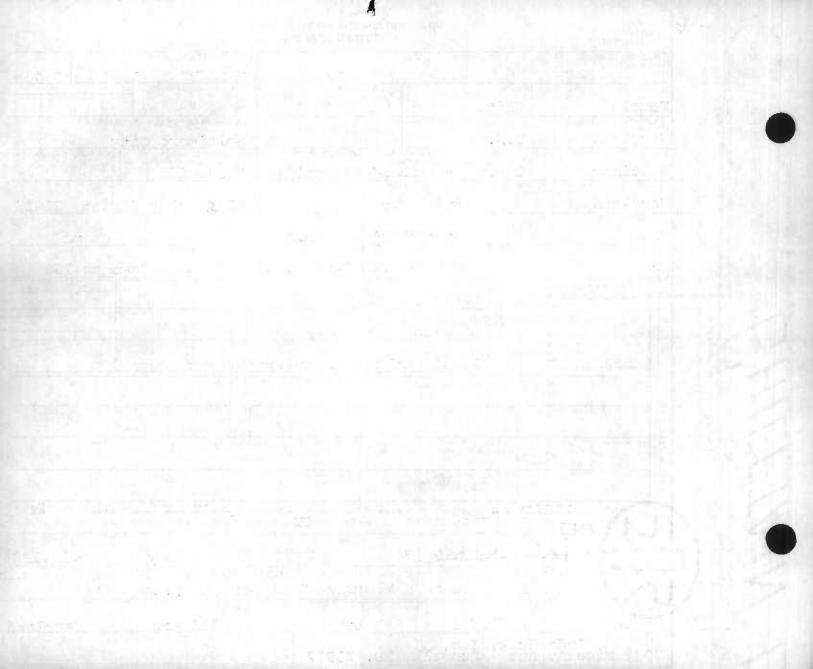
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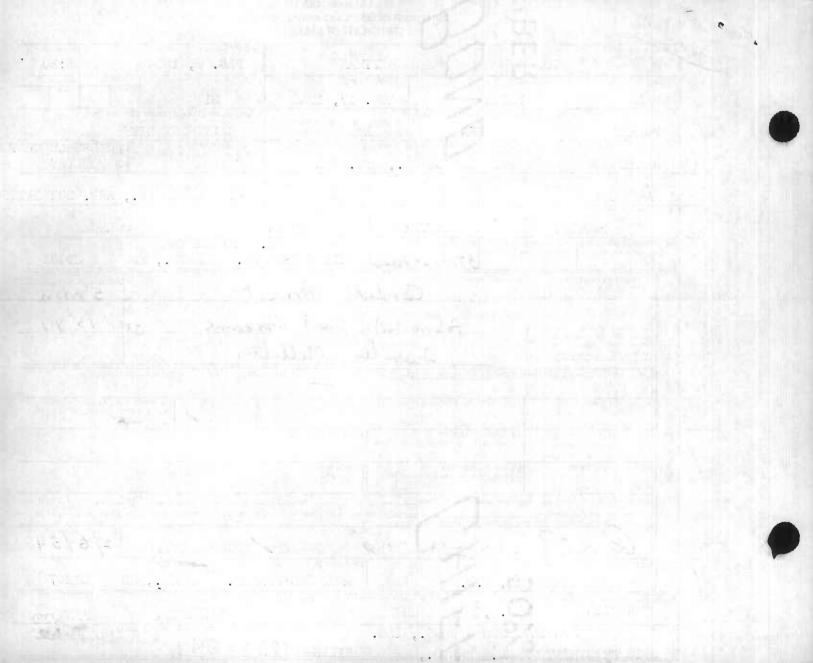
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+	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	d.
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
D boge 3		ORPRINT) JOSEPH	HINE	HIRSCAFENT	FEB.	9 1984 640 A.M
ctor, p	SE.	FEMAVE	CANCASIAN	S. DATE OF BIRTH MONTH DAY YEAR JUNE 15 188	6. AGE (IN YEARS LAST BIRTHDAY) 96 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
Pog . Pog		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
death.	13	etoslovates	usa	WIDOWED DIVORCED		RE CITY MD.
s ofter of softer of softe	10.0	SANTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ing home or other institution et address) by GGRIATRIC, HASPI	TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY AT HOME
BALTIMORE, MARYLAND 2120 MINE cote be executed within 24 hours yesicion and completely filled in by the property of the prope	130. 3	TARY ANY BALT	OTHER INICTIPATION CINE DECIDENCE BEEF	RE ADMISSION) WN 13d. INSIDE CITY LIMITS	A CAMPAGNATIO	
MARYL.	14. FA	THER'S NAME WILLIAM	MIDDLE KATSČHI	ER 15. MOTHER'S MAIDEN	MIDDLE	UNKNOWN
I N E be executed on ond or care dicol		VAS DECEASED EVER IN U.S. AR res, ng or unknown) (1F YES, GIV	MED FORCES? 161 80 141 85		emouse Chapel	Brown St Pa
		PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), o D BY: TE CAUSE (a)	NONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on the ce	1	4860	DUE TO, OR AS A CONSEO	JENCE OF		
otton Troum		Conditions, if any, which gave rise to immediate	(b)			
201 W. PRESTON ST., 10.5 Joseph Certification of the content of t		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	JENCE OF		
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
ON THE PROPERTY OF THE PROPERT	CATION	CONGESTIVE		RE		
AL REC	CENTIFICA	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NOW IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)
YSECIAL ding physical s certifical mouriel-from Mental Hearlot		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, In the Control of the C	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or IRECTOR: Af hed for use of ept. of Healt fem 21 is ma		saw the deceased alive an	tal) attended the deceased from	and that in (my (aur) api	nian death accurred an the date and ha	, 19 , that (we) last our and from the causes stated
0 0 0 0	1	22b. SIGNATURE	C C C C C C C C C C C C C C C C C C C	DEGREE ATTENDIN PHYSICIA		22c. DATE SIGNED
HOSPIT Sined by FUNER Sould be PORTAN		22d PHYSICIAN'S NAME (TYPEO	O. KW. M	1220. ADDRESS	HEBREN GERLATRIC	CANTER + HOSPIRA
O se of se water		URIA, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	OVIOIO NISTIN
BP		EMOVAL/BURIAL	FEB.10,1984	Montefore	Rhila	COUNTY A STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 1	INERAL DIRECTOR NAMES OF LEVE	nound Deon Go	LTO., MD 21,215 250.	EB 1 4 1984	Waks bignatur





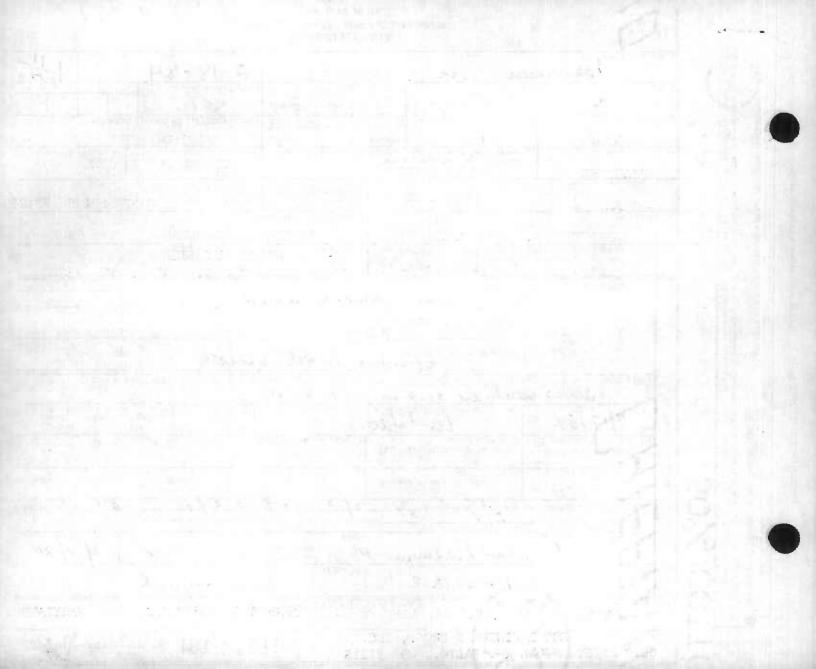


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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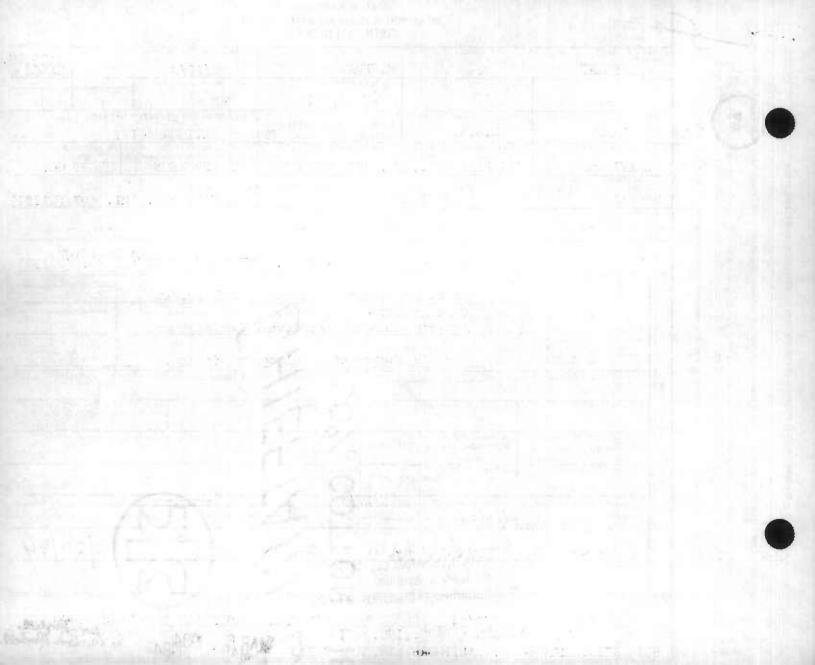
STATE OF MARYLAND



6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

(VRA 15, 4)

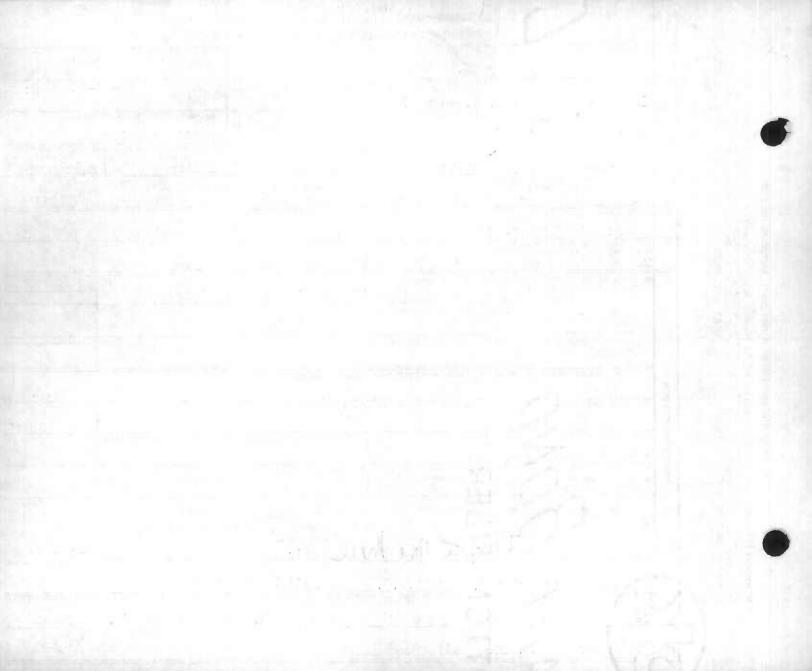
STATE OF MARYLAND



The state of the s

1		CEASED NAME FIRST		MIDDLE	LAST	2a. DATE OF	KNOWNXX MONTH		. HOUR
X		G	EORGE B.			DEATH	MATED 2	19	٨
1	M	ale white	Sept. 9,	6. AGE (IN YEARS LAST BIRTHDAY) 1919 65 YRS.		UNDER 24 HRS. 20 DAT PRONOU DEA	NCED Z	11-84 YEAR 2	1. H295/
1	Ph. BII	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	IAT COUNTRYS	MARRIED NEVER	MARRIED 3. BALTI	MORE CITY OR COU	NTY OF DEATH	
2	M	aryland	USA	V	IDOWED D	NORCED Bat	timore Cit		MD
n	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, C	R OTHER INSTITUTIO	FOR MOST OF WO		OR INDUSTRY	ESS
1	1	EDITION NURSING HOA	1401 Moi	cling Avenue		Music	Lan	Restaurar	nt
1	13u. 51	Md 136 COL	UNTY	Baltimore	13d. INSIDE CITY L			enue 21211	
	14. FA	THER'S NAME	WIDDLE	tast	15. MOTHER'S	MAIDEN NAME	MIDDLE	LAST	
U	/	George Montg	omery Hofma	ann	Edna	a Elizabeth 1	Pettit		51
	{YE		ARMED FORCES?	166. SOCIAL SECURITY N			ADDRESS		
I	- 2		WII	212 12 762	22 Lee Je	enkins sa	ame		
1		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU						APPROXIMATE INTO	ERVAL D DEATH
		4-0 IMMED	IATE CAUSE (a) A	rteriosclero	tic cardio	vascular dis	ease		
		1292		AS A CONSEQUENCE OF					
		Canditions, if ony, whi							
		cause (a) stating the und	<	AS A CONSEQUENCE OF					
		lying couse lost.							
		PART 2 OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINA	DISEASE OR CONDITION GIV	/EN IN PART 1 in			
	NO								
7	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORME	D?		20 AUTOPSY?	
4	IFIC		-1 -1					YES N	10 X-X
3	ER	210 EXTERNAL CAUSE WAS	216. TIME OF		21c. HOW INJURY OC	CURRED (ENTER NATURE OF II	NJURY IN ITEM 18 PART 1 OR		
2	ALC	UNDERLYING OR		MONTH DAY YEAR					
	DIC	214 INTURY OCCUPPED	21e PLACE C	DF INJURY (AT HOME,	21f. LOCATION		-		
	ME	WHILE NOT WHILE AT WORK		ORY, FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
		AT WORK - AT WORK				FO			
		22a. I certify that I took ch	arge of the remoins des	cribed above, held an	Autopsy . In	spection X, Inquiry	, L, and in my	opinion	
		deoth resulted from: No	otural couses X,	Accident . Suicid	e , Homicide	Undetermined m	ionner,		
		ACTUAL	Work	. M. M.	AA TITLE (SPEC			- 0 11 01	
-		SIGNATURE	animal	w like in	Assis	tant MEDICAL EXA	MINER SIGI	2-11-84	
1		EXAMINER'S NAME		K LL M.D.	111	Penn Street			
		(TYPE OR PRINT)Ma		Korell, M.D.	ADDRESS 111				
	23a BL	URIAL, CREMATION, REMOVA			ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CC	OUNTY STATE	
		urial	2/14/84	Meadowridg			Howard Co		<u>a</u>
	24 FL	urial UNERAL DIRECTOR NAME rgee Funeral H			25a.	L Pk. Dorsey DATE REC'D, BY REGISTR FEB 1 5 1982			<u>a</u>

20M 4/B2



2/		J.	1	FOR STATE			DEP	ARTMENT OF H		MENTAL HYGI	ENE O	4 0	3	
0	-	0		REGISTRAR				CERTIF	ICATE OF D	EATH	REG	. NO.		
19				EASED NAME	FIRST		MIDDLE	L	AST		26. DATE OF DEATI	HTMOM H	DAY YEAR	2b. HOUR
1	SE 25		1,,,,,	W	illia	am	н.	Hog	an, Sr		FEBRUAR	21,	1984	7:05AM
. 1			3. SEX		1	. RACE	367	5 DATE C		YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ecto		Ma	le		White		4	ĺ	1920		3 YRS		, nooks
	g :	21	70. BIR	THPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER A	AARRIED T	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	eoth	37	Maryland Of City or Town of DEA		U.S.A		14	WIDOWE		ORCED	Baltimo	re Ci	ty	MD.
1	e fu	200			TH 1			URSING HOME C	R OTHER INST	ITUTION	126. USUAL OCCUP	PATION	126. KIND C	OF BUSINESS OR
10	20 70	2.5		ltimore	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Hospital Corporation			ation					
212	hour d in	275	05UA 13a. ST	L RESIDENCE (IF NURS	136 COUNT	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE	SS		
No.	24 filled			ryland		imore	Dund	lalk	YES [NO 🔀	8038 Ka		h Road	21222
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MO	90 0	T medic	Ye		WW .	WAR OR DATES)	220-0	3-6832	There	sa M.	Hogan	Sa	me as	13e
DIVISION OF VITAL RECORDS, 201 W. PRESTO!! ST., BALTIMORE, MARYLAND 21201	ote b	- 4		18 CAUSE OF DEAT	H (Enter only	one cause per							BETWEEN	KIMATE INTERVAL ONSET AND DEATH
	rthfic Phy	ewe		PART I. DEATH W	IMMEDIATE		CARD	IOPULMO	NARY A	ARREST		- L		
140	h ce	ofic	- 1	1629		DUE TO, O	R AS A CONS	SEQUENCE OF						
EST	death	tion,		Conditions, if ony,		(b)	CA	RCINOMA	OF L	UNG				
Q.	the the	ial, crematian, or a		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
- ×	that d by	ol. c		underlying cause	last.	(c)_								
35, 20	uires	nen pr no burn njury, c		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION	IVEN IN PART 1	a
ORO	w red	0 1	CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20s AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
REC	nos b	ne p	IFIC								YES NAT	IN CER	TIFYING CAUSES	OF DEATH?
ITAL	i. The sicio	Hygie 8	ERT	210. ACCIDENT WAS UND	DERLYING	21b. TIME C	F INJURY		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF			NO []
) F V	Phy tific	0 1		OR CONTRIBUTING		n -		DAY YEAR	0.00					
NO	PHYSIC ending this cert	Meni Meni Or He	MEDICAL	(IF EITHER NOTIFY MEDIC			M. OF INJURY	19	211. LOCATIO	N				
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ā	O O	olth and marked		00 6 415 41 4 11	-	attended th	e deceased f		RUARY	7 19 84	to FEBR	UARY 2	119 84	that (I) (we) lost
	TEN TOR	or us of He 21 is		sow the decease	ad alive on	EBRUA.	RY ZI		nd that in (my	opinion d	eath accurred on th	e date and h	our and from the	causes stated
	R ATT hospil	ept.		27b. SIGNATURE	alax (ala nat	view the body	atter death.		DEGREE		Culture of		22c. DATE	SIGNED
	0 0 0	te Do		Bur		Heren			A	TTENDING PHYSICIAN	MEDICAL S	STAFF	2-	20-84
	SPIT A	Sto		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)					H HOSPI			
	HOSP Sined b	with the State IMPORTANT: H		Bn	ke	Kino	sian						TIMORE	, MD2123
	0 5 C	₹ ₹ ₹	02 01	URIAL, CREMATION,	-	23b. DATE		23c NAME OF C			23d LOCATION	•		
			230 B	UKIAL, CREMATION,	KEMOVAL	230. DATE								
	BP_		(5	PECIFY)	KEMOVAL		1984				CITY OR TOW		COUNTY	iary land
	BP	DAA 4 / DO	Bu	Irial NERAL DIRECTOR D		2/24/	1984 Inc.	Oak	Lawn			ore	M	laryland TURE

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STATE OF MARYLAND

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STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	reg. No	O.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR D
	(TIPE	Clara	Elizabeth	Holzer	February	15, 1984	3:15 m
	3. SEX	(4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE MONTHS DA	
	F€	emale	White	Apr. 20, 1881	102	YRS	
Υ,	0	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		R COUNTY OF DEATH	
	-	ermany	U.S.A.	WIDOWED DIVORCED	Baltimor		MD.
	Ba	altimore	Meridan N.H.		Rd Housewi:	fe HO	O OF BUSINESS OR ME
5	Ma Ma	at residence (if nursing home state ary land Bal	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY TEMORE	VAN 134 INSIDE CITY LIMITS?		rnwood Ct	. 21234
	4 FA	THER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN N	NAME		LAST
	-	Ierman	Mitcher			(UNK	NOWN)
5	160 V	VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN]: (IF YES. C	ARMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPER			ockeysvil	
L	I	10	- 220-44	1-7379 J. Howar	d Holzer 10		HILL DY
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CON	DITION GIVEN IN PART	lio
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
1	100	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	IER) P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TO	own county	STATE
		saw the deceased alive	on 19 and view the body ofter death.	y, and that in (my) (auc) opinion	on death occurred on the de	ote and hour and from	, that (I) (we) last the causes stated
	30	226. SIGNATURE Moriai (. Kevaleur	DEGREE ATTENDING PHYSICIAN		FF 2	-16-84
1		The control of the co	E OR PRINT)	27e ADDRESS			,
		Marion C. K	owalewski, M.I	0. 8604 Harf	ord Rd. Bai	lto., Md.	21234
		BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY	STATE
	1	Burial	2/18/84 5	Schwartz Cemete	ry Baltimo	ore City,	Marylan

DHMH - 16 50M 4/83 (VRA 15, 4)

William E. Johnson 8521 Doch Raven Bl.

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William Control Day Egg Sep A III THE RESERVE AND V. - DANIES SERVICE X A Secret Letter (C.) March 1991 of the Constant of the Constan - The state of the same said to the said t 25 - 3 13 5 5 7 - 2 2 2 3

STATE OF MARYLAND

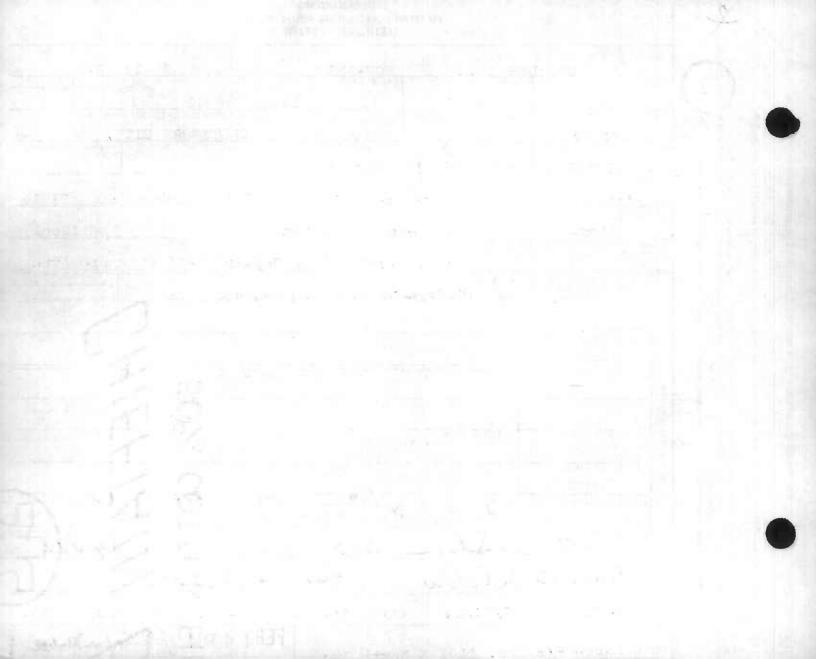
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL I	TYGIENE	REG. NO.		
		CEASED NAME FIRST	MID	DOLE	LA	S1	20. DATE O		DAY YEAR	2b. HOUR
. 1	{ I YPE	OR PRINT)	н	Ellen	HOOVE			2	1384	5:40 M
	3. SE		4. RACE	1461 011	5. DATE O		6. AGE IIN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
21		emale	White		37	23/1929	-	5 ¹ 4 yı		HOURS MIN.
4.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI		MARRIED	NEVER MARRIED	BALTIMO	ORE CITY OR COU	NTY OF DEATH	
20		S.A. Md.	U.S.		WIDOWE	DIVORCED	BALT	IMORE CIT		MD.
4	10. CI	BALTO . ME C'	JIF NOT IN SUCH F	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE UNION MEMORIAL HOSPITAL 120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK NUTS					NG LIFE INDUSTRY	of Business OR
35	130 5	AL RESIDENCE (# NURSING HOME STATE 136,CO	OTHER INSTITUTION, GE	21218		13d. INSIDE CITY LIMITS		ADDRESS / ZIP C	•	11218
00	14 FA	ATHER'S NAME FIRST Frank	MIDDLE T.	Hoove:	r	Sarah	NAME	WIDDLE	Ha	ines
. 1		WAS DECEASED EVER IN U.S. A		SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS		_
1	(one	212-32	-9334	Sarah Ho	over	New W:	indsor,	Md.
		18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAU IMMEDI	SED BY: IATE CAUSE (0)	1	homa				APPRO) BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which	(b)	10 M CON 10200		mondanh				
		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A	as a consequ	ENCE OF	Lymphome	,			
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE OR CONDITION	GIVEN IN PART I	0
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUT		F YES, WERE FINDI ERTIFYING CAUSE YES []	
9	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M.		AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN ITEA	w 18 PART 1 OR PART 2)	
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	T, FACTORY, OFFICE,	FARM EIC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this has saw the deceased alive obave, (I) (we) (did) (did	on_2/23	19		, 19 <u>8</u> d that in (my) (our) opin	4 , to	ed on the date and	19 \$ 4. I hour and from the	that (I) (we) last causes stated
		Servanue Berganue	Buba			ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c. DATE 2/7	-3/84
		Banjamin	> 1	CM		Unin M	linma	Hou	p.tl	
•	236	BURIAL, CREMATION, REMOVA	2/26/ 2/26/		Winte		ery Ne			
3	24 F	NAME OF TO	Dlen Y.	Dew Consess	indso	a, Md. 25a.	FEB 2	REGISTRAR 256. RE	GISTRAR'S SIGNA	Pandall.

DHMH - 16 50M 4/83 (VRA 15, 4)

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A Dies to Se N. V. . so I 3/ 23/1929 6 th A 1 th MIN STORETH Interest to the second of the second to the first of the property were the war with the contract of feet courses in tions the second trees against the delicer. Williams Not good from March month of the fore procedure to the finance content were executed assemble to locals felout



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR LITTER CHERRY LATOYTA HOPKINS FEBRUARY 10 1984 AGE (IN YEARS LAST BIRTHDAY) RACE 1 SEX MONTH DAY YEAR RL EMALE BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DALTO. DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS THOPKINS HOSPITAL BALTIMORE INSANT UF JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

13b/COUNTY

13c-City OR TOWN 13 CHY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 40 N. FULTON 15. MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). PART I, DEATH WAS CAUSED BY aidio Pulmonan IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE, OF 18 hrs Intractible Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A COMSEQUENCE OF underlying cause Discase mugen to CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a Houte Renel Failure 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Aortic Arch Interrupted NO A NO 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY STATE CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE tebruary 10 27a.1 certify that (I) (this haspital) attended the deceased from. the desired live an February 10 19 34 , and that in (my (aur) ppinian death accurred an the date and haur and fram the causes stated 22h SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Johns Horgan uno 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE Andalls Town, DUCK 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Quia Day dson 1701 (VRA 15, 4)

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P		1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE REG. NO	.) 5	l.	
			CEASED NAME FIRST		MIDDLE	LA	XST	20	DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
	be 3 eoth	(I Te		NRY	M	XXX	HORSEY		FEBRUARY	12	1984	2:45P M
	ge 4 moy be ector, page 3 rs after death	3. SE	[×] M	1. RACE BIT	۷.	5. DATE O	F BIRTH	AR .	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	HOURS MIN.
	funeral dir ithin 72 hou	77	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIE	0 1	CITY	R COUNTY	OF DEATH	MD.
10	s offe	10. C	BALTO	O ISNOT IN SU	HOSPITAL, NURSING PAGILITY, GIVE STREET	ADDRESS) .	OSD 72		TO USUAL OCCUPATION OF WORK FOR MOST O	WORKING LIFE		OF BUSINESS OR
ND 212	filled in linual be filled		AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	13d. INSIDE CITY LIM	_	STREET ADDRESS	ce ST		21223
MARYLA	completely sold 2 sh	14. F	ATHER'S NAME AFIRST BENT	MIDDLE	Horse	11.11	15. MOTHER'S MAIDI	SEN NAME	MIDDLE	100	2005	ist
BALTIMORE, MARYLAND	on ond co			MED FORCES? (E WAR OR DATES)	218-01-		Mrs. LANG	donia	Horsey	-503		ST.
201 W. PRESTON ST.,	quires that the death certifical signed by the attending phy then please remove corbanpa to burial, cremotion, or removingly, or other troumatic event njury, or other troumatic event	NO	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT OF	DUE TO, C DUE TO, C DUE TO, C (c)	ARDIOVAS PR AS A CONSEQUI DECUBIT PR AS A CONSEQUI	ENCE OF	R DISEAS	T BU				(a)
DIVISION OF VITAL RECORDS,	The low re- iction. It has been not been perior shows only	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		20a. AUTOPSY? YES NO X	IN CERTIF	WERE FIND	INGS USED S OF DEATH?
OF VIT	CIAN:		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY O	OCCURRED	ENTER NATURE OF INJUR	RY IN ITÉM 18 P.	ART I OR PART 2)	
IVISION	offending set this set the bus ond Mrked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	ATTENDIN spital or CTOR: Af I for use o I for use o I for use o I for use o I for use o		22a. I certify that (1) (t) XoXo sow the deceased alive an abave, (1) (west-did) (did no	FEBRU	ARY 129		Y 14 19 d that in (my) (ost) o	84 ppinion dea	to FERRIA			. that (I) (½) lost e couses stated
	AL OR AT. the hosp AL DIRECT detoched for ore Dept. o II. If them 2	1	22b. SIGNATURE	l	mon v	ر ا	DEGREE ATTEND PHYSIC	IAN C	MEDICAL STAP	IAN		ESIGNED
	TO HOSPITAL (retained by the TO FUNERAL I should be detoo with the State I IMPORTANT: If	1	MUKESH LUH		D.		BROADW		HOSPITA	L 10	0 NOR	ГН
	Bb———	230	BURIAL, CREMATION, REMOVAL		230	LIEST	EMETERY OF CREMAT	TORY	11 ARRIO	Tisu. Me	e county	1 d STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)	345	ONERAL DIRECTOR AS A. MORTOR	J & Son	S ADDRESS	LAY	rikns 12	FEBR	1 4 1984	25 PECSIST	RAR'S SIGNA	Fundale :

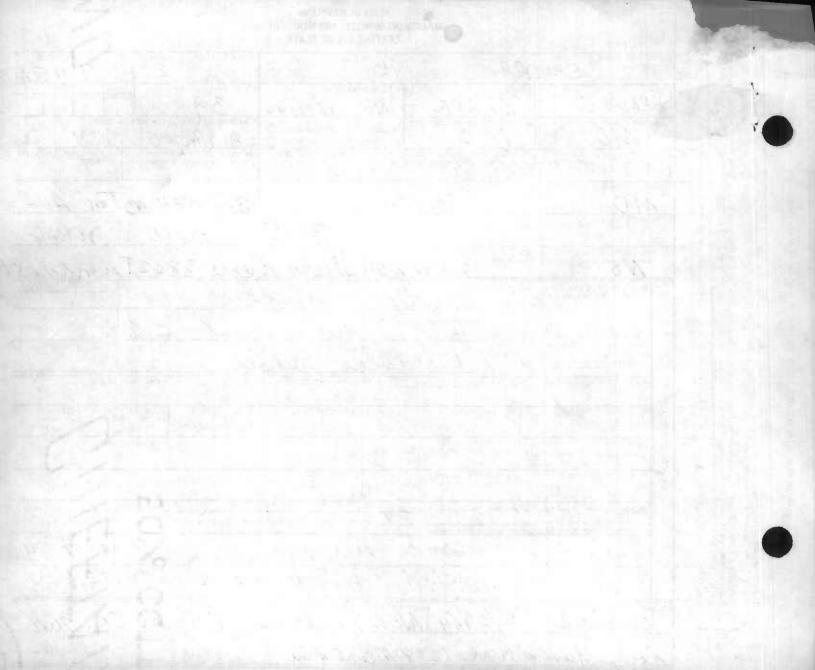
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STATE OF MARYLAND

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	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL'S CATE OF DEATH		U 0		
	I. DECEASED NAME	7.7.1	MIDDLE		ST	2g. DATE OF DE	ATH MONTH	DAY YEAR 21	. HOUR
9 8	(TYPE OR PRINT)	SANDRA		HOY	/	26. DATE OF DE	2	1784	9 50Am
1 131	FEMAL	E 1. RAC	BLACK	5. DATE O	DAY YEAR	4 6. AGE (IN YEARS	yrs.	MONTHS DAYS H	UNDER 24 HRS OURS MIN.
O decth Speed	COUNTRY		ZEN OF WHAT COUNTR	Y? 8 MARRIE! WIDOWE		BALTI	MORE	CITY	MD.
by the filled with	BALTIMU	TRE CITYPE	AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STBI	OSPITAL	ROTHER INSTITUTION	LITYPE OF WORK FOR	CUPATION MOST OF WORKING I	IFE] 12b. KIND OF B	USINESS OR
AND 21:	MD D	IF NURSING HOME OR OTHER IN 13b. COUNTY	13t. CHARLE	ORE ADMISSION)	136. INSIDE CITY LIMITS YES NO	18141	NEWIN	ston	406
MARYLAND red within 24 ompletely fille ond 2 shorter	14. FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN BRST	IE P	364	W LAST	rite
BALTIMORE, one be execu- ysicion and copers. Pages you! t, the medical	(YES, NO ON UNKNOW	EVER IN U.S. ARMED FO		CURITY NO. 2-2151	Sheiky	Davis	3862		Caha C
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove corbon p ural, cremation, or rema	Conditions, i gove rise to couse (o), underlying	f ony, which immediate stating the couse lost.		LUACE OF	Acute Acute NOT RELATED TO THE TI	St. Renal PSis ERMINAL DISEASE O	factor for a condition G	APPROXIMA BETWEEN ONS VEN IN PART 110	EL AND DEATH
NG PHYSICIAN: The low requir of the third physician. When this certificate has been signed by the build-tronsit permit. Then the and mental Hygiene prior to be the and mental Hygiene prior to a feed or hand.	190. DATE OF C		CONDITION FOR WHI	CH OPERATION			O IN CERT		S USED F DEATH?
SION OF VITA PHYSICIAN: Th ending physici this certificate e build-transit d Aental Hygi d of 'tem 18 sh	OR CONTRIBUTION	G CAUSE OF DEATH	D. TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	21s. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2]	
DIVISION ING PHY Transport of the but Ith and M Ith and M Ith and M	V (IF EITHER NOTI		I. PLACE OF INJURY THOME, STREET, FACTORY, OFFIC	E. FARM, ETC)	211. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
TENDI TENDI Or USE or USE of Heal	sow the o above, (I)	leceosed plive on 3 (we) (did) (did not) view	ended the deceosed from	89,00	d that in (my) (our) opin	on death occurred or	the date and ha	ur and from the cou	
OR he he he he be	She	n Afgal	Hashm	ii	ATTENDING PHYSICIAN		STAFF PHYSICIAN 🗵	220. DATE SIG 2-17	-84
O HOSPITAL efouned by it TO FUNERAL should be det with the State	SHE	N'S NAME (TYPE OR PRINT) RAPZAC	HASHM	11	PROVIDENT	HOSPITAC	_ BALITI	HOREL	ia _
BP	230. BURIAL, CREMA	al 2	PATE 23/84 1	NAME OF C	LUNCON C	em Co	irrell	Co. j	and STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECT	Funeral 1	Ane /300	471.6	ntra a.	EB 24 19	84 Lie	Lavidson-Mon	ndell





*	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO		
(1)	1. DE	PRIVILLIAM	7	. 86A	RD			SPM
(A	3. SE	M.	B.	2	DAY YEAR 25 15	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS YRS.	MIN.
deoth. P		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNT	MARRIE		9. BALTIMORE CITY OF	0.	MD.
by the filled will	7	BALTO!	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	NHO.	SP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retire)	WORKING LIFE) INDUSTRY	IESS OR
MARYLAND 2120 red within 24 hours mpletely filled in by ond 2 should be file examile file or	1	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	R ÓTHER ÍNSTITÚTIÓN, GIVE RESIDENCE B NTY 13c. CITY OR 1	EFORE ADMISSION)	136. INSIDE CITY LIMITS? YES NO 🗆	130 NC	REY ST. 21	217
mary marking on 2 s		THER'S NAME Lynch	Hubbard LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	ubbard	
BALTIMORE, cote be execut yisician and copers. Pages you!.	160 \	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIALS 2/4/5	79232	James Hubb		N. Pulaski St	
W. PRESTON ST., of the death certification of the attending phase remove corbang cremotion, or remo	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	QUENCE OF		to Live	DITION GIVEN IN PART 110	
he low recon on. t permit. The ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO	ATH?
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires the correction physician to signed the os the burial-transit permit. Then plea alth and Mental Hygiene prior to burial, marked or Item 18 shows any injury, or a	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19	21s. HOW INJURY OCCURR 21s. LOCATION STREET	ED (ENTER NATURE OF INJUR		STATE
IL OR ATTENDI the hospital on the hospital on LU DIRECTOR etached for use the Dept. of Heal		saw the deceased alive an	ital) attended the deceased from 2 - 2 only view the bady after death.	984, a	DEGREE ATTENDING	eath accurred an the do		stated
HOSPII Pined b FUNER Puld be th the Si		224 PHYSICIAN'S NAME (TYPE C	ORPRINT)		Lutter ho	pital. 23	o Aghbuten Ar	re.
Bb Tay A		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 2-7-83		emetery or crematory uburn Cem.	23d. LOCATION CITY OR TOWN Westp	ops confidence	STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR CHASA Rice F	rspa 1300 Eu	taw Pl	250 -0 -11	REOD. BY ROBULAR	my politices skirbarber	4

2-2.84 12.56 The second secon THE WEST ASSETS TO SE rata on thousand an cold-bundan or no grand had to of the scattern with meladown P-2-5-9 Later property of the production have - Julian A - Law Taranta Cost Baranta and Control with medical volcation of the contraction of

FOR STATE			STATE DEPARTMENT OF HI DICAL EXAMINE		MENTAL H	EDEATH	6 7	
REGISTRAR 1. DECE ASED NAM (TYPE OR PRINT)		ICHAEL	WIDDLE	LAST UDGINS	ICATEO	POEATH R 20 DATE KNOTO OF EST DEATH MAT		TH DAY YEAR 26 HC
3. SEX Male	4 RACE White	July 6,1	YEAR LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER 2	24 HRS. 2c. DATE PRONOUNCED DE AD	2-2	H DAY YEAR 2d. HC 24-84 19 4:15
7a BIRTHPLACE (FOREIGN COUNTRY Pennsyl		76. CITIZEN OF WE	HAT COUNTRY? 8	MARRIED NI	EVER MARRIE DIVORCE	D-14:-	ore Cit	INTY OF DEATH
Baltimo		(IF NOT IN SUCH FA	PITAL, NURSING HOME, (CILITY, GIVE STREET ADDRESS) Patterson Pk			120 USUAL OCCUPATION FOR MOST OF WORKING LE	HFE)	OR INDUSTRY Auto
USUAL RESIDENCE 130 STATE Maryland	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore		CITY LIMITS?	13e. STREET ADDRESS 200 S. Pat	terson	(21231) Park Ave.
14. FATHER'S NAM FIRST Edgar		WIDDLE	Hudgins	Pe	ER'S MAIDER	MIDDLE		mory LAST
YES, NO, OR UNKN	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY N				S. Wa	(21231) shington St.
gove of cause (cause (c		DUE TO, OR	AS A CONSEQUENCE OF	IL DISEASE OR CONDITIO	ON GIVEN IN PAR	T 1 (a)		
190 DATE O	FOPERATION	198 CONDIT	TION FOR WHICH OPERAT	ION WAS PERFO	RMED?			20. AUTOPSY?
UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF	216. TIME OF HANA.M DEATH P.M	M2112140484 YEAR	subject		ENTER NATURE OF INJURY IN	I ITEM 18 PART 1 OR	
21d INJURY WHILE AT WORK	OCCURRED NOT WHILE S AT WORK	21e PLACE C STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	200 TES. F	Patters	son Pky.Ave.	Balto.	counted. sta
220. I cer death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME MA	rgarita A	Accident Suici	M.D. Ass		Undetermined manner MEDICAL EXAMINER Penn Stree		
23a BURIAL, CREMA (SPECIFY)	rial F	136 DATE 1eb.28,198	23c NAME OF CEME	TERY OR CREMAT	FORY	23d. LOCATION CITY OR TOWN	ltimore	OUNTY STATE
24 FUNERAL DIRE		Inc. 1901	Eastern Ave	./21231	FEB			

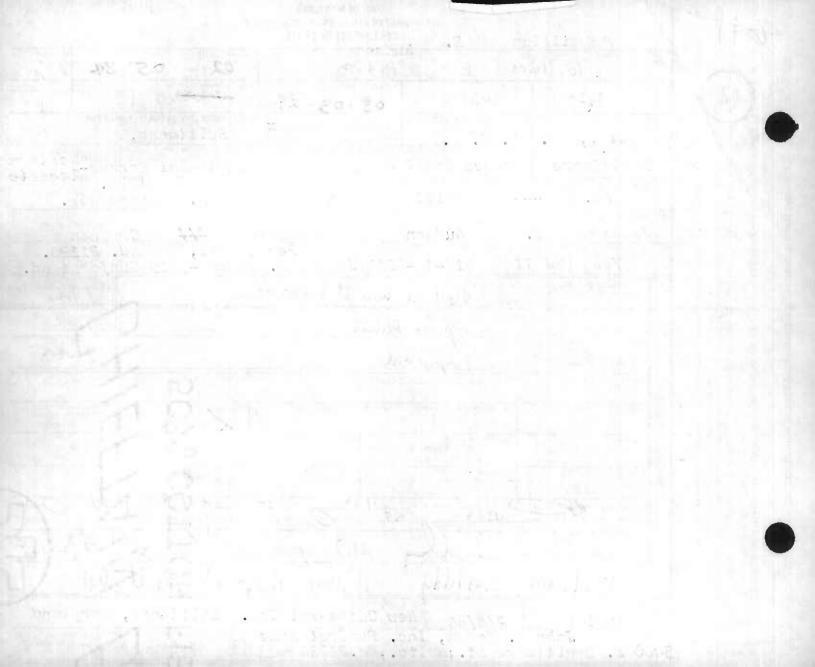
Wole this July 6,1949 36 nero, a benidu oins ar mar Moorings days - Baltimare X Fetterace Fert Ave. Dualviev the codynatrical . d i set but good .no" Burdel Color Dellava Comebers

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Finory -

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Hally a Saile Inc. 1 Or has an Ave. 2221



- STATE

TYPE OR PRINTS

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Maintance Mech. Waxter Center 130. STREET ADDRESS 2432 Linden Avenue Baltimore, Maryland 21217 Ambrose 2432 Linden Avenue Baltimore, Md. 21217 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE February 18 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 2-18-84 DIRECTOR PHYSICIAN X c/o Maryland General Hospital Baltimore, Md. 24 FUNERAL DIRECTOR NUTTER & SONS FUNERAL HOME INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE helia Davidson- Handell 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2h HOUR

IF UNDER 1 YEAR

4:50P M

IF UNDER 24 HRS

20 DATE OF DEATH MONTH

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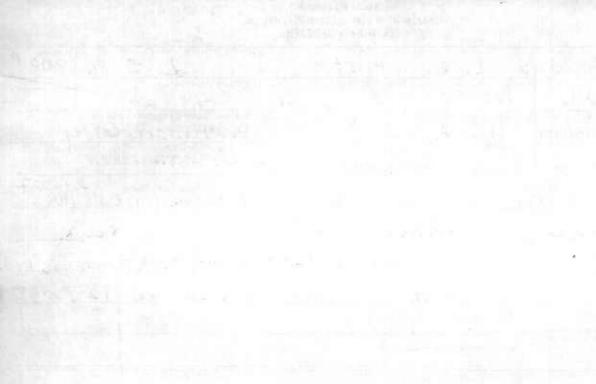
NUTTER . SONS FUNERAL MONE INC. 2501 Cv nns Fells Pky. Biltimore, 16. 21216

seltimore, M.

18	1	FOR STATE REGISTRAR		DEPARTA	AENT OF HE	ALTH AND I	MENTAL HYG		G. NO.	Ú	
death	(TYPE	CEASED NAME FIRST	~ Jo	hoson	14	Rd		20. DATE OF DEA	2 1	DAY YEAR FUNDER 1 YEAR	26 HOUR 8 15
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\$2	J	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWED	NEVER A	MARRIED -	Baltimore C	_		
Mark to the state of the state		Baltimore	II. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET Hospita	IG HOME OF	OTHER INST	TITUTION	12a USUAL OCCI	PATION AOST OF WORKING LI Lehter	12b. KIND	tern :
119 85	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo:	N	3d. INSIDE C	ITY LIMITS?	130. STREET ADDR 6512 A	ess Lta Ave	. 212	06
11 100	14. F/	Ther's NAME David	MPDIE	Hur			Emma	WE	DIE DIE	Jő	hnson
Pages 1		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	216-05		Ruth			PPESAlta Lto., N		
s been signed by the rmit. Their plotter of prior to buriel cre- cony injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 199, DATE OF OPERATION	CONDITIONS CO	ONTRIBUTING TO DESTRUCTION FOR WHICH	DEATH BUT N	redir	16	INAL DISEASE OR	20b. IF YE	VEN IN PART 1	INGS USED
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TO FUNERAL DIRECTOR, Affi should be detoched for use or with the State Dept. of Health IMPORTANT: If hem 21 is mon		22e.f certify that (I) (this has sow the deceased alive above. If (we) (slid) (did) (72t. SIGN TIRE	not/show the Shidy	19_		EGREE	(aur) apinion	MEDICAL DIRECTOR P	STAFF	ur and from the	that (1) (we) e causes states
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MH - 16 50M 4/B2	24 F	uneral director assähn Funer		7401 B	olair	Rd	[25g. DAT	E REC'D. BY REGIS	TRAR 25b. REGIS		TURE

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6	1.	FOR STATE	DEPAR	STATE OF MARYLAND	YGIENE /	1
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 76. HOUR
		ORPRINT) Gladys	5 2. 8.	Hurt	2	5 84 800 M
	3. SE	female "	NEGRO	5. DATE OF BIRTH MONTH 2 16 34	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IE UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
ter death. he funeral a within 72 lie	10	RTHPLACE (STATE OR FOREIGN 7). COUNTRY) OUTH CAPOLINA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Ida Immana	(. / .
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill asonless must be in	USU 13#.	AL RESIDENCE (# NURSING HOME OR OTI STATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TO BOULE	WH 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 3805 GWY	CODE 21207 NN Oak Ave.
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es that the death certificates that the attending physical process remove carbon provincial, cremanion, ar removy, arrather traumatic even	No	Conditions, if dny, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PRO		CATANOM	CC 12 Yrs .
BO W G	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IN (IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
> z s oof o		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART ?)
DING PHYSICIA or attending pl After this certifice as the burial-tallock and Mental marked as them.	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDINGSpital or CCTOR, Al of for use of M for use or M 21 is mo		220. I certify that (I) this haspital saw the deceased alive on above, (I) (we) (did) (did not) v		5111	on death accurred on the date or	, 19.84, that (1) (a) lost and from the couses stated
P P P P P P P P P P P P P P P P P P P		M. SIGNATURE S. SO	rier	M.D. ATTENDING PHYSICIAN		2/5/84
TO HOSPITAL retained by this TO FUNERAL With the Store IMPORTANT: If		M. I. GOV		Sinai +	tospital c	if Balto.
BP		Burial		NAME OF CEMETERY OR CREMATORY Sarrison Forest	VA Owings I	
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Im. C. March F	/H 1101 E.	North Ave. FE	B 6 1984	EGISTRAR'S SIGNOURE

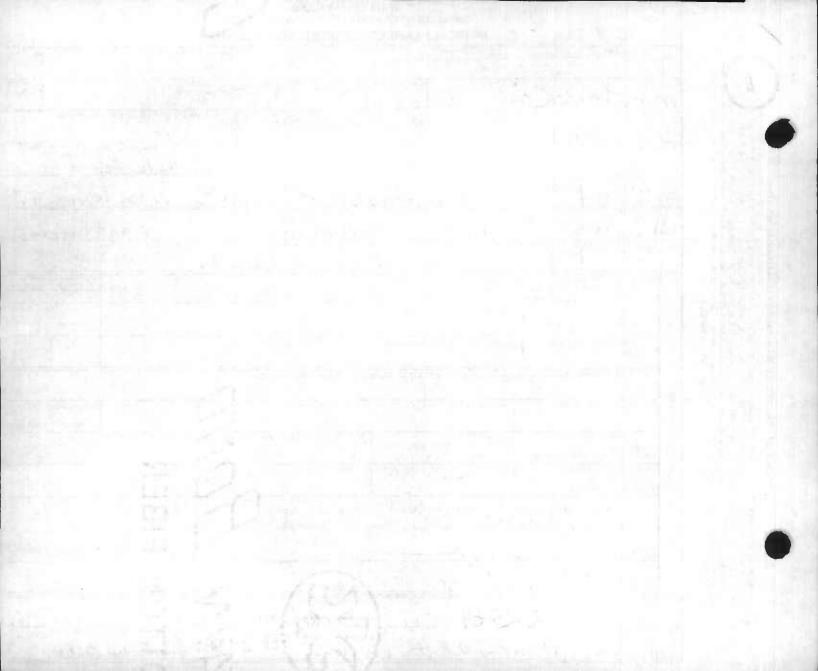


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				TE OF MARYLAND	173 /4	0 7 6		
11.	FOR STATE			HEALTH AND MENTAL		0 / 0		
	REGISTRAR		MEDICAL EXAMIN	ER'S CERTIFICATE		G. NO.		
	PECEASED NAME	FIRS1	WIDOLE	LAST	20 DATE KNOW	N X MONTH DAY	Y YEAR 2	2b. HOUR
fri	TE OR FRIETY	CHARLES		HUTCHINSON	OF ESTI-	2 22	19 84	N
3. SI	EX 4. R	ACE S. DA	TE OF BIRTH 6. AGE (IN YE			MONTH DA		2d. HOUR
6	nAIS B	SCACK CO	1001 ,000	AY) MONTHS GAYS HOURS	MIN PRONOUNCED DEAD	2 22	2 1984	1:30
70.	BIRTHPLACE (STATE	OR 76. CI	ITIZEN OF WHAT COUNTRY?	1	9. BALTIMORE CI	TY OR COUNTY OF		- Pw
1	FOREIGN COUNTRY)	2.1	(1-5	MARRIED NEVER MARR	2004			
10 0	CITY OR TOWN OF	DEATH	AME OF HOSPITAL, NURSING HOM	WIDOWED DIVORG	Daltimo:		KIND OF BUSI	MD
1/2		(IF	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	., OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE		OR INDUSTRY	/
	Baltimore		O S. Morley St.		Vaborer - Sty	elworger	-	
	STATE /	13b. COUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI	" 13d. INSIDE CITY CIMITS?	13e STREET ADDRESS	10	XIda	17
0	Jaryar	nd	Baltin	NO TES P NO	1705.1	norle	45	11
11%	FATHER'S NAME	MIDDI		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	11-1
10	harle	25	Hutchins	ON Alice		mat	thei	NS
	WAS DECEASED EN	ER IN U.S. ARMED FO		Y NO. 17. INFORMANT	ADD	RESS		
	(. co, . ro, On OHKHOWN)	TIP TES, GIVE WAR OR	214-30-1	281 Medical	records			
	18 CAUSE OF D	EATH (Enter only one	cause per line far (a), (b), and (c).)				APPROXIMATE IN	NTERVAL
	PARTIDEATH	WAS CAUSED BY:	Hymertengine	cardiovascular	r disease	BE	ETWEEN ONSET A	ANG GEATH
-	400	IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE		L discuse			
	Canditians,	if any, which	DOE TO, ON AS A CONSCIOUNCE	51				
	gave rise	ta immediate	(b)					
	lying cause le		DUE TO, OR AS A CONSEQUENCE	OF .				
1		((c)					
1,		ICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN P	ART 1 o			
CERTIFICATION								
13	19a. DATE OF OP	ERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20	AUTOPSY?	
			1, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	4			YES 🗌	NO 🛛
1 8	210. EXTERNAL C		116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN IT	M 18 PART I OR PART 2)	,	
3	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH		100				
MEDICAL	21d INJURY OCC	URRED	21e PLACE OF INJURY (ATHOME,	211 LOCATION				
2	AT WORK	OT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY		STATE
					Y			
			e remains described abave, held an	Autapsy , Inspection		and in my opinion		
	death resulted f	ram: A Natural cau	ses , Accident , Su	icide , Hamicide .	Undetermined manner			
11	ACTUAL	Ann	NA .	TITLE (SPECIFY)		DATE	02.04	
V	SIGNATURE	1 VVV	XXO	Assistan	MEDICAL EXAMINER	DATE SIGNED 2	-23-84	
	EXAMINER'S NA	ME J				- 12		
	(TYPE OR PRINT)	Ann M.	Dixon, M.D.	ADDRESS111	Penn St., Bal	to.,Md.	21201	
230.	BURIAL, CREMATIO	N, REMOVAL 236 DA	TE 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE	E
	Buri	al 2-	25-04 NTT	TUSURNO.	MENTO.		m	0
24.	FUNERAL DIRECTO	R	ADDRESS	113 W. 250. DATE	REC'D. BY REGISTRAR 256			
120	Rown	- THON	VESON FILT TO	n Ho. ST	0 27 1984 ful	a Davidson A	and so	
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

FOR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE PARTY OF THE P 00-13-80 LOUDON I. MAUSCLIUM

5	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
fa (EA)	(TYP	CEASED NAME E ORPRINT) & (Za	abeth D. Ireland 20. DATE OF DEATH MONTH DAY	FY 1:45 AM
Poge 4 directo	3. SE	+	MONTH DAY YEAR 70 YRS.	
rer death. Po re funeral diff within 72 had		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DE	MD.
- 5 FD	1	aty or town of Death	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SINAL HOSE OF BELLIONER (TYPE OF WORK FOR MOST OF WORKING LIFE) INE	KIND OF BUSINESS OR DUSTRY
within 24 hours pletely filled in by and 2 should be file	136.	136,500	Baltimore YES NO D 2021 Rutton	Averue 21216
E S E O DA		Samuel	MIDDLE LAST DOTSEY Elizabeth W	illiams
cate be execut sysicion and ca opers. Pages 1 wal.		MAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	Dorothy L. DeShazo 4809 Po	e Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certification of the other sections of the other sections of the other transfers or the order transfers or the transfers or the order transfers or the order transfers or the order transfers or the order transfers or other tran		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF (b). (b). (c) 4	3d.
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	TOONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFYING YES YES NOTE YES YES NOTE YES NOTE YES NOTE YES YES NOTE YES YES YES YES YES YES YES YES	E FINDINGS USED CAUSES OF DEATH?
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TTEND priol o priol o priol o priol o company		saw the deceased alive a	DEGREE ATTENDING MEDICAL STAFF	from the couses stated 2. DATE SIGNED
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept.	230	22d. PHYSIC UA IVAMINE DE LE PROPERTIES DE L'ARCHITECTURE DE L'ARC	PHYSICIAN DIRECTOR PHYSICIAN PHYSICI	INORE
ВР		BURIAL	2/22/84 New Cathedral Cem. Baltimore.	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director n C March F/I	H Inc. 1101 North Avenue FEB 21 1884	Stonklass

18ELAND ELIZABETH 431852 S306A MED S 02/15/87 R YOUNG 2021 RUXTON AVE 2 216 F 06/13051346

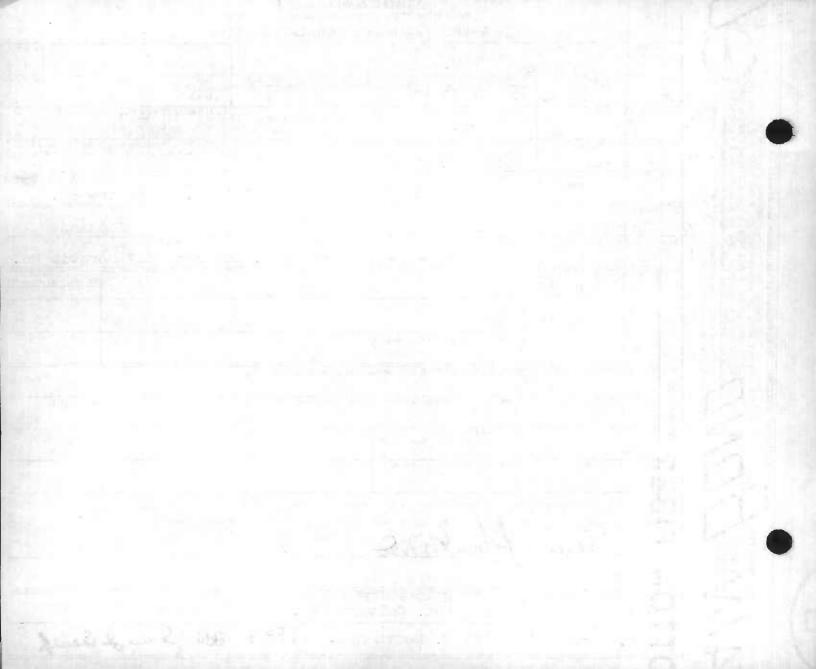
6	6	h	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							6	
, P			CEASED NAME FIRST	1	T.	-	sK1	20. DATE OF DEATH	1/3	84	8:20 P
ge 4 moy	U	3. SI	× Male	1. RACE WIT	ite assildn	5. DATE C	F BIRTH YEAR 6	6. AGE (IN YEARS LAST BI		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
eath. Po	in 72 hours		IRTHPLACE (STATE OR FOREIGN COUNTRY) ississippi	76. CITIZEN OF	A	WIDOWE		Baltimore Baltimore			MD.
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AND 2120 n 24 haurs	filled in by th rould be filed v	USC 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BI 13c. CITY OR T Baltii	OWN	13d Inside City Limits?	13e STREET ADDRESS 5602 Gerl		2	1206
MARYLA red within	completely 1 and 2 shall blexominer	1	ATHER'S NAME FIRST Francis	MIDDLE	Izdeb:		15. MOTHER'S MAIDEN N FIRST Josep.	hine		konsk	
TIMORE, be execu	Poges medic		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT NO	MED FORCES?	166 SOCIAL S 216-0.	1-7403	Mrs Sophia	ADDR Izdebski	Same	As 1	3e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ratefulling physician.	n signed by the attending physicio Then please remove corbon papers to buriol, cremation, ar removal. injury, or ather traumotic event, the	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, il ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OI DUE TO, OI DUE TO, OI (c)	RAS A CONSE MULTI RAS A CONSE	Ple C)	JA's,	rminal disease or con	IDITION GIVEN	I IN PART II	0.
AL RECOS	prio ony	CERTIFICATION	19a DATE OF OPERATION			IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO X	YES	NG CAUSES	NGS USED S OF DEATH? NO
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₽ ₹ BP.	0 4 ₹ ¥	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 2/17,			EMETERY OR CREMATOR Rosary	Baltimo			
	16 50M 4/83 A 15, 4)	24.1	UNERAL DIRECTOR Leonard J Ruck	Inc. Ba	altimor	ė, Mary	land F	EB 1 4 1984	251 REGISTING	RA SIGNA	ilitendelle



	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE O 4	071	
		EASED NAME TOTAL	MIDDLE V	5. DATE C		20. DATE OF DEATH	Or 24	AN TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
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re be executed with the medicolexard		IKNOWN	FOO' ED FORCES? 166 SOCIA VAR OR DATES) N/A	TE L SECURITY NO.	17. INFORMANT Vera M.	Boone 606	Cherrycr	est Road APPROXIMATE INTERVAL ILIVEEN ONSET AND DEATH
INCO PHYSICIAN The language that the death certificate be executed within 24 hours attending physician and completely filled in by the attending of removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) HY DUE TO, OR AS A CON (c) CMY	ISEQUENCE OF DO PENSIO ISEQUENCE OF	n estive Hears			NOT Lo
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ATTENDING * hosehal or o DRECTOR Als ched for use or Days of Health been 21 is mort		22a.1 certify that (I) (this haspital saw the deceased alive on above, (I) (westered) (did nat) 22b. SIGNATURE		19.84 , a	DEGREE	an death occurred an the d	22c.	, (1. (
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	NERAL DIRECTOR NAME 1 C March F/H	Inc, 1101°		250 E	B 2 8 1984	TSWREGISTRARIS SI	GNYTURE

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5			FOR			EDADTA			ARYLAND AND MENTAL	HYCIENE 4	01	Ö		
9	1] -	STATE REGISTRAR						ERTIFICATE		BEC 110			
	(1)	1. DE	CEASED NAME	FIRST		WIDDLE			LAST		REG. NO.	ONTH DAY	YEAR	2b. HOUR
No share			PE OR PRINT)	Gera	ld.	W.	т	acks	on	OF DEATH	ESTI- XX	2-7	19 84	M
S-O		3 SEX	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	s IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE		NTH DAY	YEAR	2d HOUR
		M	ale	Black	12 31	33	50 YRS		S DAYS HOURS	MIN. PRONOUN DEAD	CED	2-7	1984	1:20 p.m
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	S NECESSARY, E FUNERAL DIRE E 5 FOR YOUR D, WITHIN 72 H W, PRESTON S		MD		USA WIDOWED DIVORCED Baltimore City					-		MD.		
	A HE BEILE	Baltimore			Union M	1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital 120. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE)				OI	ND OF BUS R INDUSTR'			
21201	ANY DEL AND 3 TO RETAIN F HOULD BE RECORDS		STATE 136 COUN						13d. INSIDE CITY LIMITS? YES 🌠 NO 🕻	1735 E.	Balti:		21231 ore St.	
MD.		14. F.	ATHER'S NAME		MIDDLE		IAST		15. MOTHER'S MAIL	DEN NAME	DOLE		LAST	
ORE,	DEATH PAND OF VILL		Charle			ckso			Gertr	ude		Jacks	son	
SE S		16a. \	VAS DECEASED ES. NO, OR UNKNO NO	EVER IN U.S. AI	RMED FORCES?		-38-2		Dennis	W. Jackso	address n 4407	Mora	avia	Rd.
, .	W. C.		18. CAUSE OF	F DEATH (Enter o	nly one couse per line							BETY	PPROXIMATE I	NTERVAL AND DEATH
PRESTON ST.,	IIN 24 HOUR IN ITEM 18. ? ALONG W ISIT PERMIT. HYGIENE, D		40		ATE CAUSE (o) HY				iovascula	r Disease				
REST	ITHIN 24 H CIL IN ITEA NER ALON ANSIT PER AL HYGIEN REMOVALE		Condition	s, if any, which		AS A CON	SEQUENCE OI							
. P	AINE AINE ATRAP OR RE			e to immediat	< ',	AS A CON	SEQUENCE OF							
201	UTED WITHIN IN PENCIL IN PENCIL IN PENCIL IN PENCIL IN EXAMINER. ARIAL - TRANSING MENTAL HON, OR REM		lying cau	se lost.	(c)									
DIVISION OF VITAL RECORDS, 201 W.	EXECUTE NO.	-	PART 2 OTHER SIG	INIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELAT	TEO TO THE TERMIN	AL DISEASE	OR CONDITION GIVEN IN	PART 1 (d).				- 7
ECC	AS AS CRE	CERTIFICATION	19g. DATE OF	OPERATION	LIBS CONDIT	ION FOR V	MUCH OBERA	TIONIW	AS PERFORMED?			Too .	AUTOPSY?	
IAI	SHOULD ORD "PE CHIEF A E USED I TOF HE	FICA	IVE DATE OF	OI EKATION	178. CONDI	IOI4 FOR V	WINCII OF ERA	11014 44	AS FERI ORMED!					William
Y .	MENT OBE	ERT	21a. EXTERNA	L CAUSE WAS	21b TIME OF			21c HC	W INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1		YES [_]	NOXX
ONC	SE SOUTH SE	N N	UNDERLYING	OR CAUSE OF		MONTH	DAY YEAR							
VISIO	CERTIFIC TING TH ED TO 3 SHOU DEPART	MEDICAL	21d. INJURY O		21e PLACE C				CATION	CITY OR TOW	N	COUNTY		STATE
ā		~	AT WORK	NOT WHILE AT WORK								000111		
	TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNCE 1948 AFTER DEBATH, WITH THE STATE DEPARTMORE, MARYLAND, 21201 PRI		22a. I certif	y that I took char	rge of the remains desc	ribed obo	ve, held an	Autop	y , Inspect	on XX Inquiry	, and in n	ny opinian		
	MAN THE SET OF THE SET		death resulte	d from: Non	ural courses 22.	Accident	L, Suici	ide 🔲	Hamicide	Undetermined mor	nner,			
	A VAN	2,2	ACTUAL /	100,11	in MAN	200	DAN.		TITLE (SPECIFY)	nt	D	ATE	2-8-8	Δ
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	A STANTANTANTANTANTANTANTANTANTANTANTANTANT	13	EXAMINER'S I	NAME DE	nnis F. Sm	ryth,	M.D.		ADDRESS	111 Penn St	reet	Day N		
		23a.B	URIAL, CREMAT SPECIFY) Buria	ION, REMOVAL	23b DATE 2/11/84	23c. N Mt	. Cal		CREMATORY Cem.	23d LOCATION Baltin	nore	COUNTY	MD^	TE .
	BP		UNERAL DIREC	TOR					25g-DAT	PREGIO BY REGISTRAN	251 EGISTRA	R'S SIGNAT	URE	
	(VR A15 ME (5))	Mı	m. C.	March 1	F/H LTOI	E.	North	AV		9 1984	John	ok G	muy	6



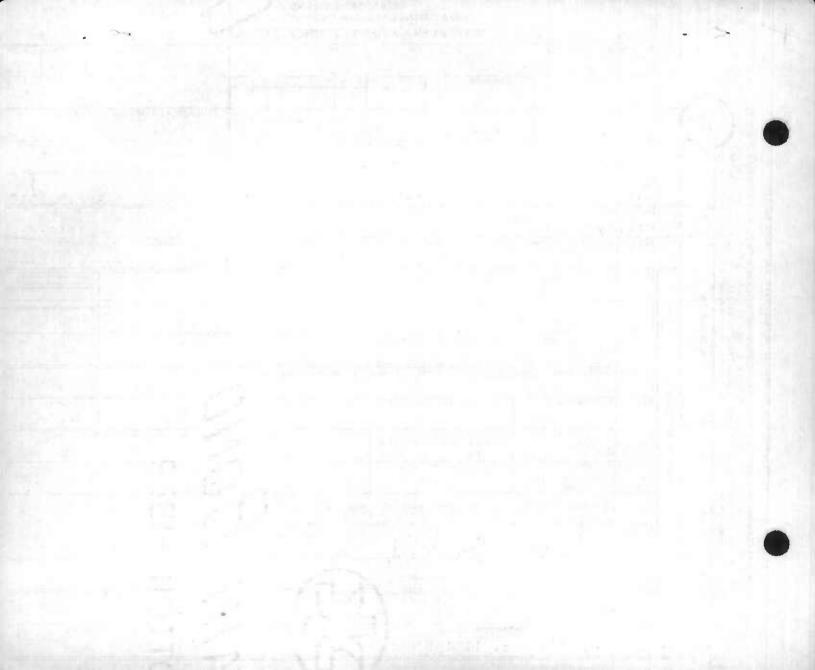
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN DECEASED NAME MIDDLE 76 HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED Annette Jacobs 2019 84 IF UNDER 1 YR. 2d HOUR 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 5:28P DEAD 1984 29 83 Femalel Black 12 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED L DIVORCED Maryland

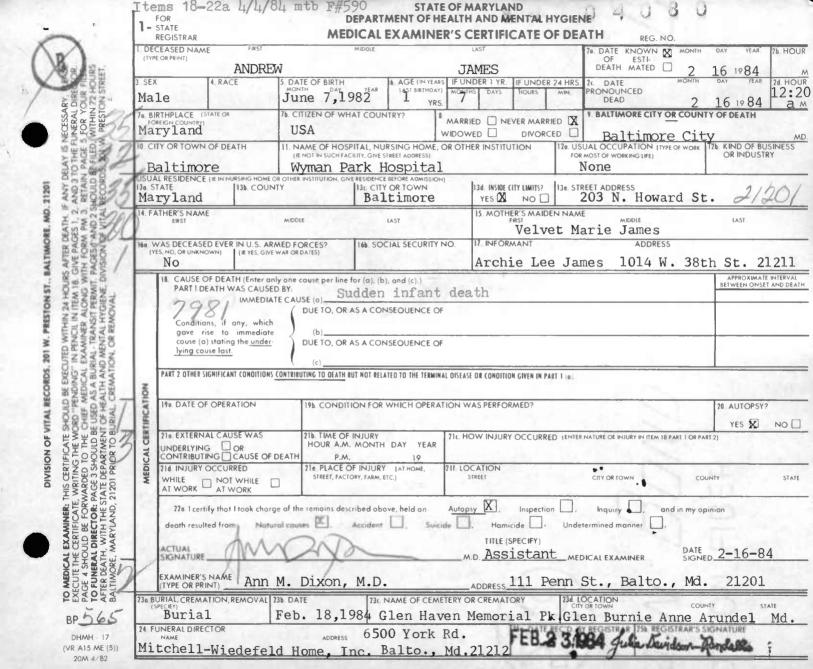
10. City OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Provident Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1130 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES Y Baltimore NO [] 3302 Ravenwood Ave. 21213 Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Williams Jacobs Carolyn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Vivian Williams 3409 Ravenwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGENE RALL CREMATION, OR REMOVA IMMEDIATE CAUSE (a) Blunt force trauma to head DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? I THIS CEN.

IE WRITING THE STANDARD TO THE STANDARDED TO THE STANDARD TO THE YES Y NO . 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH Subject assaulted 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE 724 Fulton Ave. Balto Md. home 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry Homicide X Undetermined monner death resulted frame Notural causes TITLE (SPECIFY) Assistant 2/21/84 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 2/24/84 Baltimore Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H Inc. 1101 E North Avenue (VR A15 ME (5)

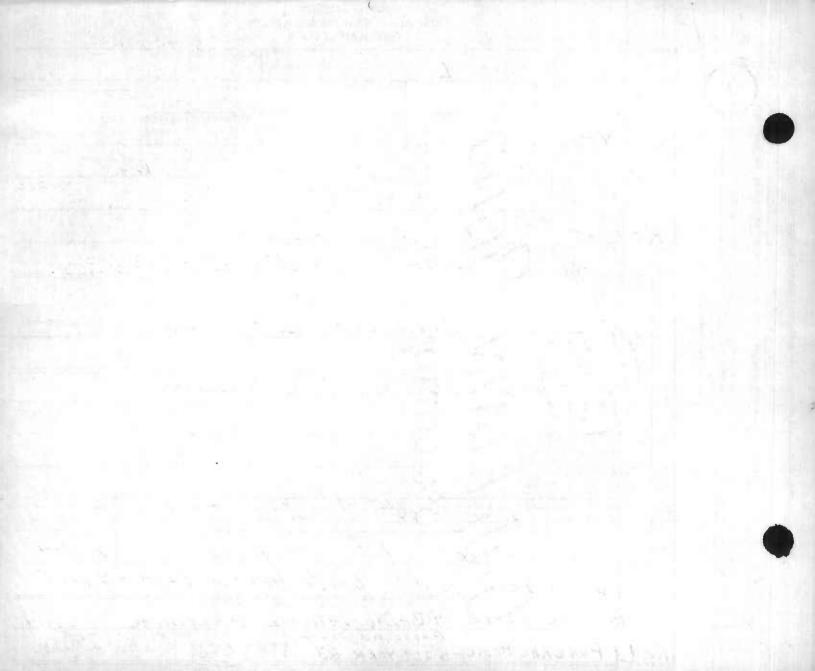
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STATE OF MARYLAND

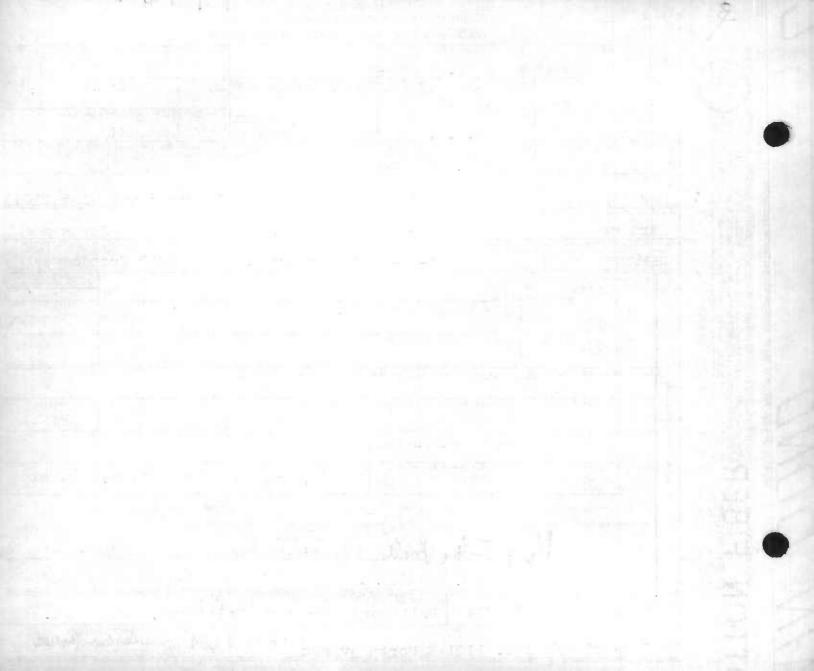




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70. BIRT	HPLACE (STATE OR IGN COUNTRY) ryland	76. CITIZEN OF WH		-	ED NEVER MARRI	EBY [X]	AORECITY OR timore	COUNTY OF DEATH	440
10 CITY	Baltiore	11. NAME OF HOS (IF NOT IN SUCH FAI 1600blk	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) . Freedomwa	E, OR OTH		12a. USUAL OCCU FOR MOST OF WO	PATION (TYPE O		
130. STA Ma	ryland 13b C	OUNTY	PERESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Baltimor		13d Inside City Limits? Yesyka no 🗆			way West	21213
A	HER'S NAME FIRST Tthur	MIDDLE	James		Joyce	NAME	MIDDLE	Johnso	
UN	IKNOWN	S. ARMED FORCES? s, GIVE WAR OR DATES) ter only one cause per line	166. SOCIAL SECURIT 215-84-2		Arthur 1	L. James	ADDRESS 5 4687	Freedomy	IEST Iay
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		charge of the remains des Natural causes,		Autops	Homicide XX. TITLE (SPECIFY) DASSISTANT	Undetermined m	onner ,	DATE 2-11-	84
	EXAMINER'S NAME TYPE OR PRINT) RIAL, CREMATION, REMOV	Margarita A			ADDRESS	Penn Str	eet		
(SPE	BURIAL VERAL DIRECTOR	2/16/84	Baltim		Cemetery	Baltin		COUNTY MC	STATE
vm.	C March F	H Inc. 11	01 E Nort	h Ay	enue FEE	1 4 1984	Julia	Davidson-Rand	ملك إ

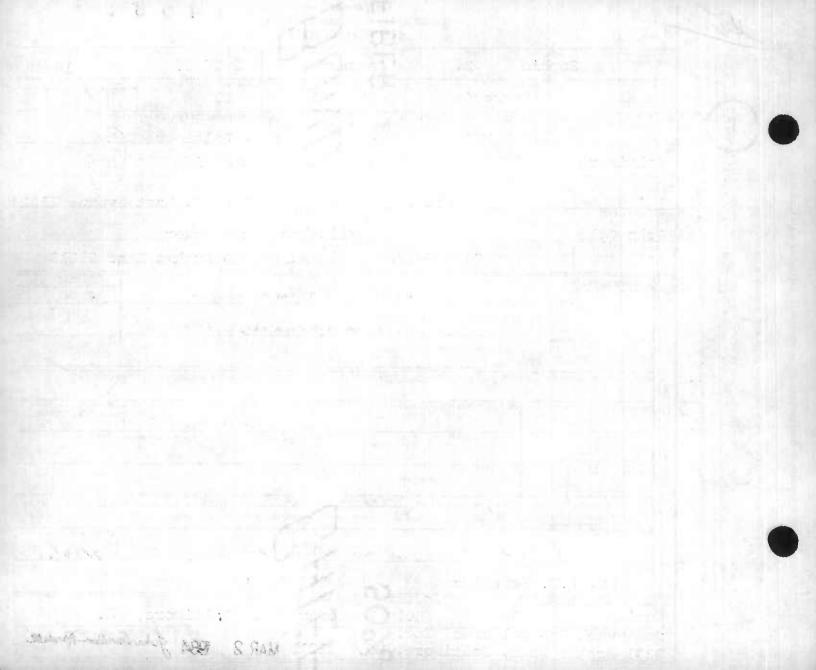


2121

3331 Brehms Lane, Baltimore, Md.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	V_1	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL HY	GIENE		
1	1''	STATE REGISTRAR		CERTIFICATE OF DEATH	000 11		
		CEASED NAME FIRST	WIDDLE	LAST	REG. No.	MONTH DAY YEAR	26 HOUR
0000	(TYPI	RICH AR	D MINIT	TENKINS	1	Feb. 2 84	2:17 P
-	3. SE	х	4. RACE	5. DATE OF BIRTH	6. AGE TIN YEARS LAST BIR	THDAY) IF UNDER 1 YE'A	R IF UNDER 24 HRS
1		MALE	73 Ltck	3 /5 1913	70	YRS.	
r X		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		R COUNTY OF DEATH	
1		outh, Carolina	11 NAME OF HOSPITAL MILIP	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATI		OF BUSINESS OR
(8)0	A	34LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STR		(TYPE OF TWORK FOR MOST O	F WORKING LIFE) INDUSTR	
200	USU 13e.	STATE 13b. COU		OWN 138 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	2121.
1	14 F.	ATHER'S NAME	IBALTIA	15. MOTHER'S MAIDEN N	1304 LAFA	12((E AVE	2/21
2 3		Duncans	MIDDLE	FIRST	MIDDLE	To	AST
1 364		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE		ADDRE		
0 7		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES) 213-6	4-2922 Dorethen Bro	wn 3348 Av		21215
emotion, or tem er froumotic eve		Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEC	STAGE NONHTODGE	ing rambit	omt	
permit. Then please remove coloring and prior to buriol, cremation, or removes only injury, or other traumatices.	IFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF A CONDITIONS CONTRIBUTING TO	DUENCE OF NONHOOGK	MINAL DISEASE OR CON	20h. IF YES, WERE FING IN CERTIFYING C AUSI	DINGS USED
prior to but any injury,	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO CONDITION FOR WHILE THE CONDITION OF THE CONDIT	DUENCE OF NONTED LA LE	MINAL DISEASE OR CON	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH?
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J. F. B. 2 87 2.00 dimining. 15 CALL Sur-1-14-FIRE RASMITSANT Soth, Chriins Barrier Litell OWNER THE RESERVENCE VI. ELEVE TAKE THE PARTY OF THE -2 m 2 m3 / PHI HATT CHEST FOR ANGELLICAN - fine that institution is the cont KINKE FAILURY 23 284 LOPAL. DIRECTORISTS TO WARRIES 300 5 GEFF 10 5 5 DITEALTIMERS AND altimora...i, l n 1/1/1990 or id Rile Comptory witter g sons to dranns Palls Party. altion, W. 2215 Puneral Form Lrs.

15	1.	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG	0 4 0 0 =	
,	1	STATE REGISTRAR WILLIAM	A. JERKINS	CERTIFICATE OF DEATH	REG. NO.	
o t 3		CEASED NAME FIRST	WIDDLE	Derkins	20. DATE OF DEATH MONTH	8 4 7:30F
r, page 3	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
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completely ond 2 si	14. F	ATHER'S NAME William	Jerki	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Edwards
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orbo or re		2080	DUE TO, OR AS A CONSE	OUENCE OF/		
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iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED 'IFYING CAUSES OF DEATH? YES NO NO
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and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
use a dealth		220.1 certify that (1) (this haspit			_, to _ 7 /19	, 19 7, that (I) (we) la
d for t of h m 21		sow the deceased alive an obave, (1) (we) (did) (did not	2/19) view the body ofter death		leath accurred on the date and ho	
DIRE toche Dep		226. SIGNATURE	6 Tal	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
should be deta with the State	1	THE PHYSICIAN'S NAME (THE CO	1781VII - 0 1	PHYSICIAN [DIRECTOR PHYSICIAN	2/11/8/
should be de with the Stat		Thimas E	Tente	22 S. Green	e Street Balti	more
- 3 2		BURIAL, CREMATION, REMOVAL	23b. DATE	3c. NAME OF CEMETERY OR CREMATORY	I23d LOCATION	

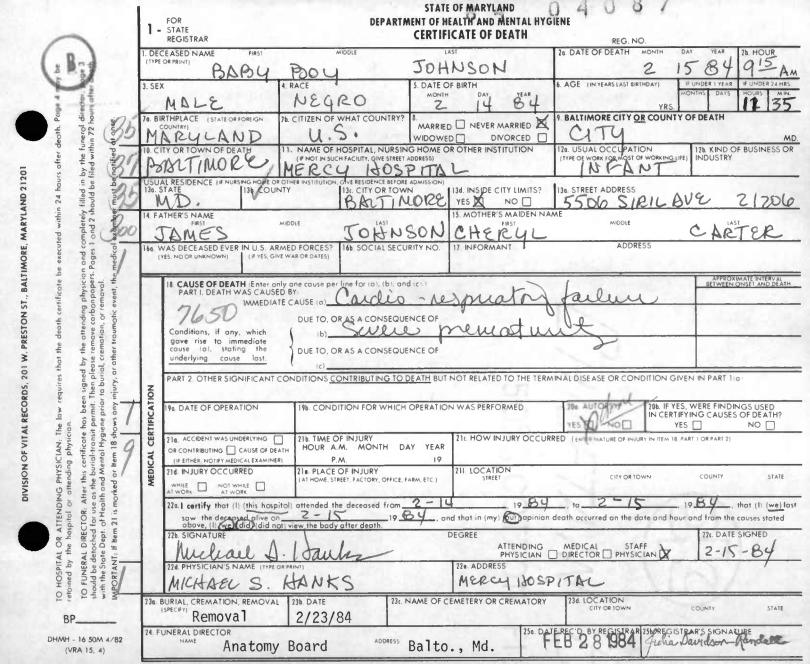
Grand Control of the BOLKES . BELLINA 2 Variable wellsome | Carlotte Livery N. I Hussell C. Mitteld Functed Homes P. M. these twin Knelle Ranes Columbia, No. 20145

MITCHELL-WIEDESELD HOME 6500 YORK RD. 2121200

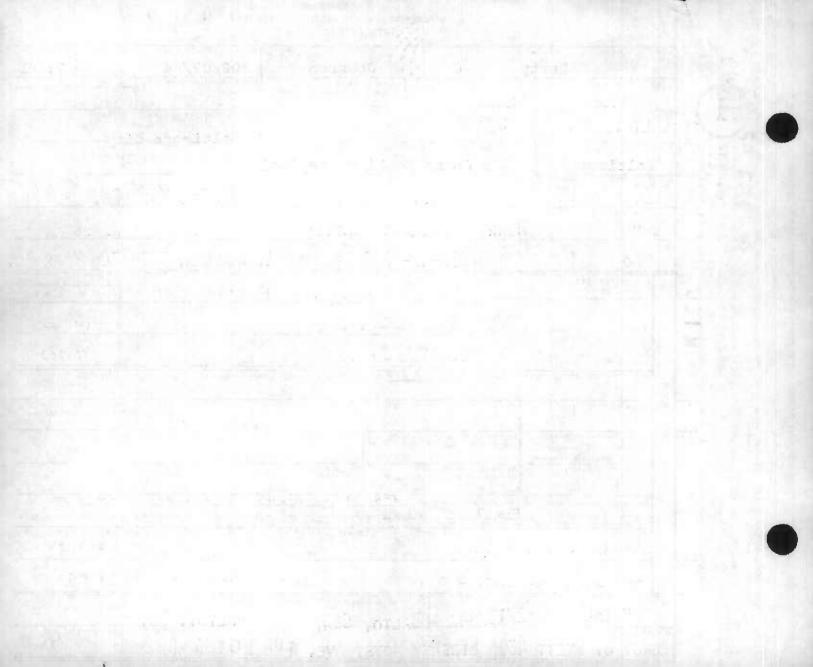
(VRA 15, 4)

STATE OF MARYLAND.

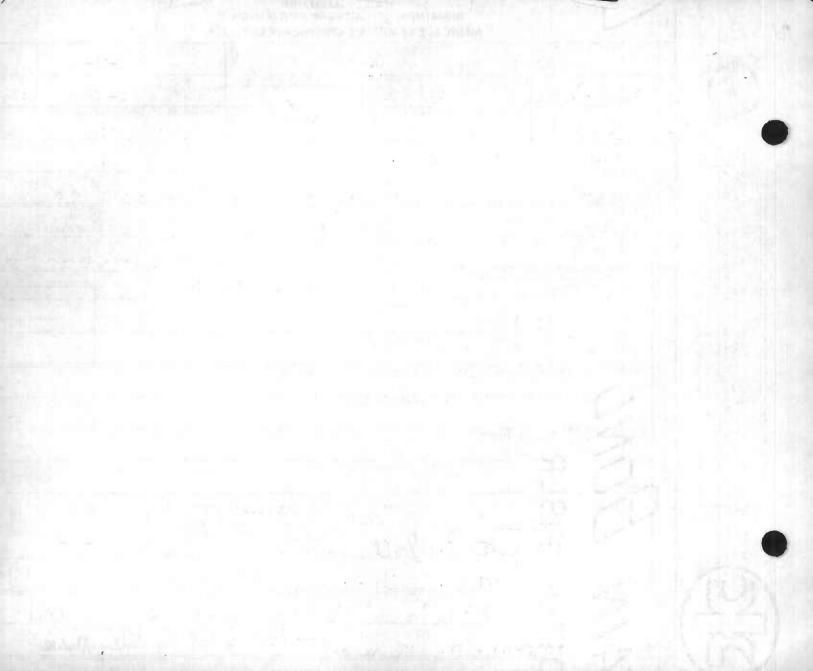
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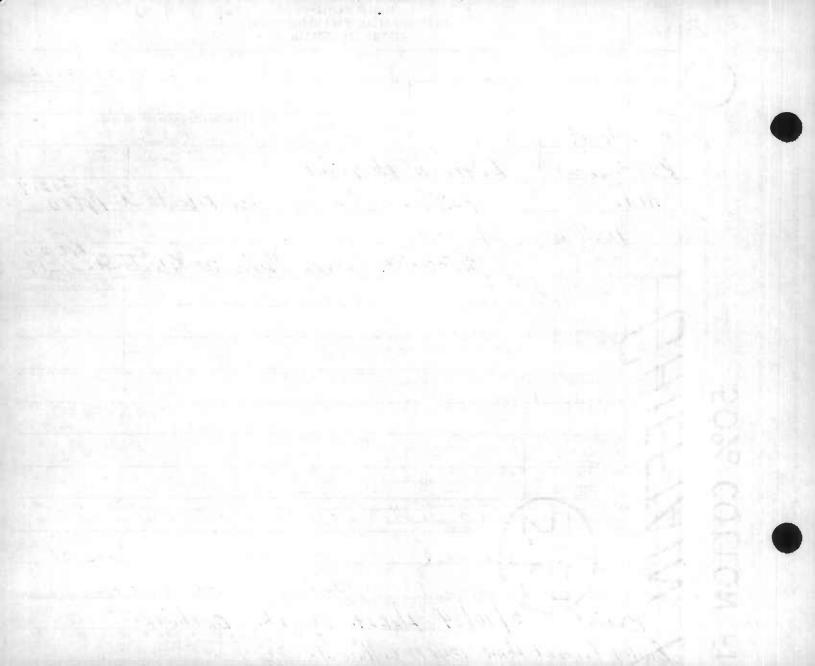
5 4	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTAL TE OF DEATH	HYGIENE 0 4 0	8 8	
		EASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
be 3	1,,,,,	Bet	tty J	Jol	nnson	02/07/84		7:16R
THE N	3. SEX		4. RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
06 5		FEMALE	BLACK	1	23 55		YRS.	
SE M	BA	THPLACE (STANDEFOREIGN	76 CITIZENOS WHAT COUN	MARRIED X	NEVER MARRIED DIVORCED	Baltimore		MD.
123	1	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE The John)	s Hopkins		120 USUAL OCCUPATION	12th KIND C	OF BUSINESS OR
13.15	13a N	D . 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE PUNTY BALT	O I 13d	. INSIDE CITY LIMITS	3510 OLD 1	ORK RD.	11218
Sampletel ond 2 s	Jo	THER'S NAME FIRST		CLURE H	ATTIE	LEE ADDRESS	Jone	S
on andles					STEPHEN	A. JOHNSON		
ng physici bon paper r removal.		PART I. DEATH WAS CAU	anly ane cause per line for (0), (ISED BY: IATE CAUSE (0)	DIOPIN	104214	Allest	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
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by the sose remol, cremo		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF			.6	+715
n signed Then plec to burid injury, or	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	a ·
has bee t permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION W	AS PERFORMED	200 AUTOPSY? YES NO NO	Ob. IF YES, WERE FINDI N CERTIFYING CAUSES YES	NGS USED S OF DEATH?
trending physicion in this certificate he the burial-transit pand Mental Hygier and and them 18 should be a few and the few an		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	H DAY YEAR	c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN	TEM 18 PART (OR PART 2)	
After this cost the bur alth and Me marked ar the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
or Africa			spital) attended the deceased (1 19 5	4 10 Feb 7	1937	that (1) (we) last
for the state of H	16 -	saw the deceased alive above, (I) (we) (did) (did	an F(5) nat) view the bady after death.	19 57 , and th	nat in (my) (aur) opii	nion death occurred an the date	and have and from the	causes stated
DIRECT DIRECT Dept. of		22b. SIGNATURE	<i>a</i> (DEG		a MEDICAL CTAFF		SIGNED
y the		WHILL CK	celjus			G MEDICAL STAFF N DIRECTOR PHYSICIAI	10 217	1/34
TO FUNERAL Ishould be deto with the State IMPORTANT: If		WILLIAM	6. KALLY T		address J. L	11 120 pk. VI	(doep in	(7)
P	23a. B	URIAL, CREMATION, REMOV	2/13/84	BAL TO	TERY OR CREMATO	CITY OR TOWN	D	STATE
H - 16 50M 4/83		NERAL DIRECTOR	JICOO I ADD		- Sec. 1	DATE REC'D. BY REGISTRAR	REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	LE	ROY O. DYET	T 4600 LIBER	TY HGTS.	AVF. F	B 1 0 1984	mary Character	9.



1)	T - FOR T - STATE REGISTRAR		TMENT OF HEALTH AND MENT EXAMINER'S CERTIFICAT		2
7000	1. DECEASED NAME FIRST		JOHNSON	KLO, IVO.	MONTH DAY YEAR 26 HOUR 2-12-840
	MALE PLACE	S. DATE OF BIRTH MONTH DAY 192	LAST BIRTHDAY) MONTHS DAYS LIOU	NDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2-12-84, 8:29
THE SECOND SECON	70 BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COL	INTRY? 8. MARRIED THEVER	MARRIED . 9. BALTIMORE CITY OR VORCED Baltimor	
DELAY IS NE 110 THE FUN N PACE 5 F 10 BE F ED W	Baltimore	2510° Har tor		120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
ANY ANY PECON	USUAL RESIDENCE (IF IN NURSING HO 130, STATE 136 CC		TY OR TOWN - 13d. INSIDE CITY HIN	1152 13e STREET ADDRESS HAN FO	in PRE
SATH SOLVE	14. FATHER'S NAME James	MIDDLE	Tash nsow 15. MOTHER'S M	ry A.	Thomas
BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PP PAGES I AND WISSION OF W	Yes	GIVE WAR OR DATES)	7-26-90/3 Diane	-77216	rectoun Rd I APPROXIMATE INTERVAL
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD THE WITHIN 24 HOURS AFTER DE RITING THE WORD "EN BROIL IN TIEM 18 GIVE PAGE DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM DEPONDE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFF IPPRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAL JAMEI Conditions, if ony, wh gave rise to immedi couse (a) stating the uns lying couse lost.	DUE TO, OR AS A CO	-iosclerotic cardio		BETWEEN ONSET AND DEATH
L RECORDS ULD BE EXE "PENDING" FF MEDICAL FF ALTH AN HEALTH AN AL, CREMAT	1 1		LATEO TO THE TERMINAL DISEASE OR CONDITION GIVE		20. AUTOPSY?
F VITAL RE TE SHOULD WORD "PE HE CHIEF A HE	196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS			URRED GENTER NATURE OF INJURY IN ITEM 18 PA	YES NOXX
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" REDED TO THE CHIEF MEDICAL SE 3 SHOULD BE USED AS A BUE THE DEPARTMENT OF HEALTH AN DOT PRIOR TO BURALL, CREMATIN	UNDERLYING OR CONTRIBUTING CAUSE		H DAY YEAR 19 RY (ATHOME. 21f LOCATION	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 21201	AT WORK AT WORK 220. I certify that I taok ch	orge of the remoins described a atural causes A. Accider	bave, held an Autopsy . Insp	Dection , Inquiry , and . Undetermined manner .	in my opinion DATE 2-12-84 SIGNED
TO MED EXECUTION PAGE 4 TO FUN AFTER D BALLIMA	EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVA	Margarita A.	Korell, M.D. ADDRESS	111 Penn Street	
BP	34. FUNERAL DIRECTOR	2-17-84 (rouner. le lette	ATERECO. BY REGISTRAR 1256 REGIST	TRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	Brown-Thor	ngeon f.t.	BACTO. SI	EB 16 1984 Julie Ja	widson-Aandell



4	1	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	9 0	
s 4 may be		CEASED NAME FIRST Churles	A. RACE	S. DATE OF BIRTH MONTH DAY YEAR		MONTH DAY YEAR 76, HOUR 2 6 8 4 4 40 P A THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	<u>A</u>
offer death. Page the funeral direct of worthin 72 hauts shindian once	n	RTHPLACE ESTATE OR FOREIGN SQUARENT AND TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STE	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY O		_
hin 24 hours ely filled in the should be I le	130.	AL RESIDENCE IN NURSING HOME OR STATE 13b COUP	ALA 13° CILA OB 1		130 STREET ADDRESS 250 KOKO	rats St. Agt 20	7
be executed on an and camples 3. Pages 3- an		18. CAUSE OF DEATH (Enter or	Ne war or Dates) 2/5-03	3-8836 CATHERINE H	ARRIS 250 1	Boberts St. 21217 Apt, 2D Apt, 2D Approximation reproduction Approximation Approximation reproduction Approximation reproduction Approx	>
is that the death cert ad by the attending lease remave carbon rial, cremation, or res or ather traumatic es		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT (b) C C A DUE TO, OR AS A CONSECT (c)		MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0	
n. as been ne prior ne prior ws any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
3 PHYSICIAN: intending physics this certifical the burial-transcand Mental H, ked or Hem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. LIF EITHER, NOTIFY MEDICAL EXAMINE! 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF)	DAY YEAR 19 211 LOCATION STREET	RRED (ENTER NATURE OF INJUR CITY OR TO		
be haspital be haspital be DRECTOR: coched for us be Dept of He if them 21 is		sow the deceased alive on above. It we) (did) (did no The SIGNATURE	Our he	DEGREE ATTENDING PHYSICIAN	n death accurred on the do	19 (we) las one and from the causes stated 22c. DATE SIGNED FF. LIAN 2 2-6-84	1
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT:	230. [BURIAL, CREMATION, REMOVAL	D omanica 236. DATE 2 10/84	770 BUS	CITY OF TOWN	1 Kelt 2144 STATE	
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1 Chane 13/16		And find	256 REGISTRAR'S SIGNATURE	

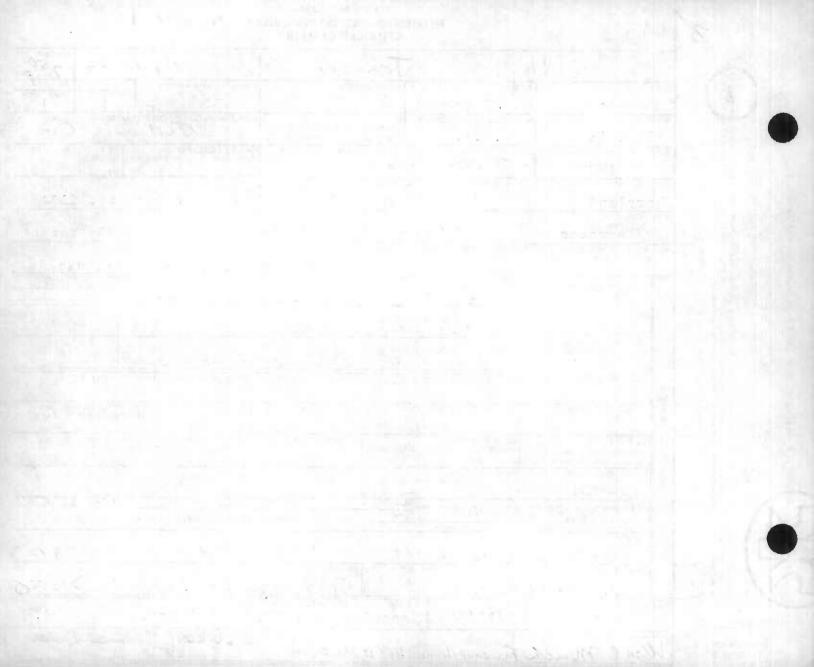


March French Horne 1101 E, North Am

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH 2b. HOUR DECEASED NAME (TYPE OR PRINT) 84 02 JOHNSON LET.TA 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 5 DATE OF BIRTH 3 SEX 4 RACE Female Black 1924 December **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Georgia DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY TATIOSOH SING HOSPITAL BALTIMORE Cook Catering USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IBL COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 9th George's Bowie YES TO 13126 Street Maryland NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Polite Southwood Rebecca George TAN SOCIAL SECURITY NO 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 9th Street 257-26-8353 Bowie, Maryland James S. Johnson NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cerebral vascular IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which augurysm gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO [Hygier 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION ö COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 2/27 obove, (I) (we) (did) (did not) view the body ofter death. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS Johns Hupkins Huspita 0 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY. 23d LOCATION 23b. DATE Burial Ascention Cath.Ch.Cem Bowie. Pr. George's, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Watta 6000 Annapolis Road DHMH - 16 50M 4/83 Beall Funeral Home Bowie, Maryland (VRA 15, 4)

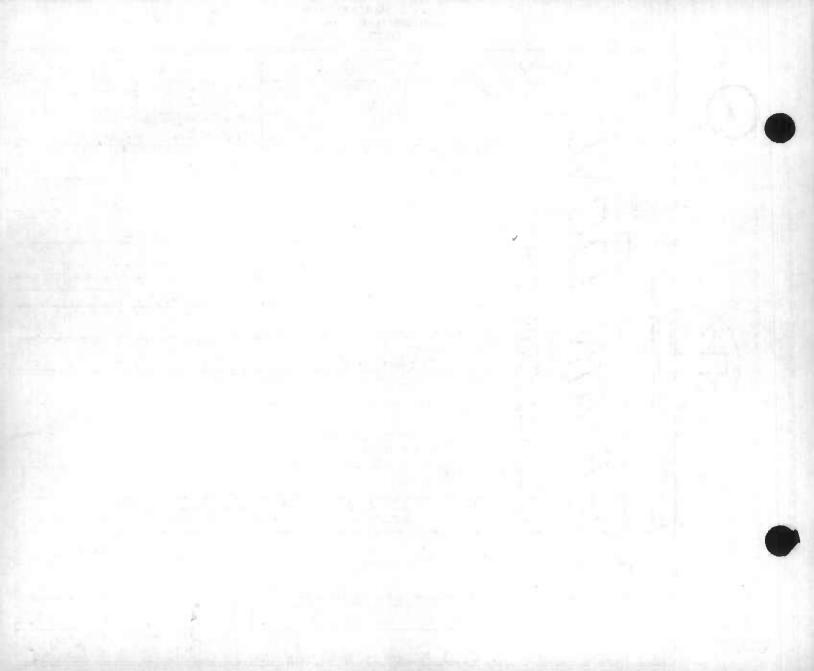
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Wm C March F/H Inc. 1101 E North Avenue

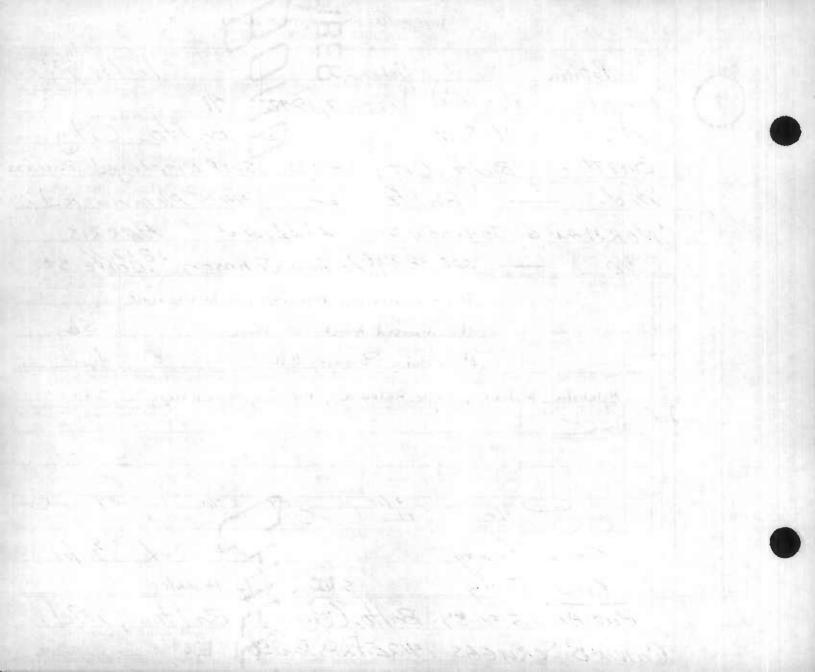
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR STATE

DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 32 atricia 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH DAYS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE MARRIED NEVER MARRIED DIVORCED Z WIDOWED IB CITY OR TOWN OF DEATH NURSING HOME OR OTHER INSTITUTION BUSINSS NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE 13a STATE 136 COUNTY 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T None 210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (I) this hospital attended the deceased from ... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased olive on above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 27r DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Baltimore 0 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATIO 236 DATE COUNTY STATE BP BY REGISTRAR 256. REGISTRAR'S DHMH - 16 50M 4/83 (VRA 15, 4)



(VRA 15, 4)

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Robert Toland Johnson We what it is the second of thinks 34 THE STATE OF THE S Finally stocks white he was 20

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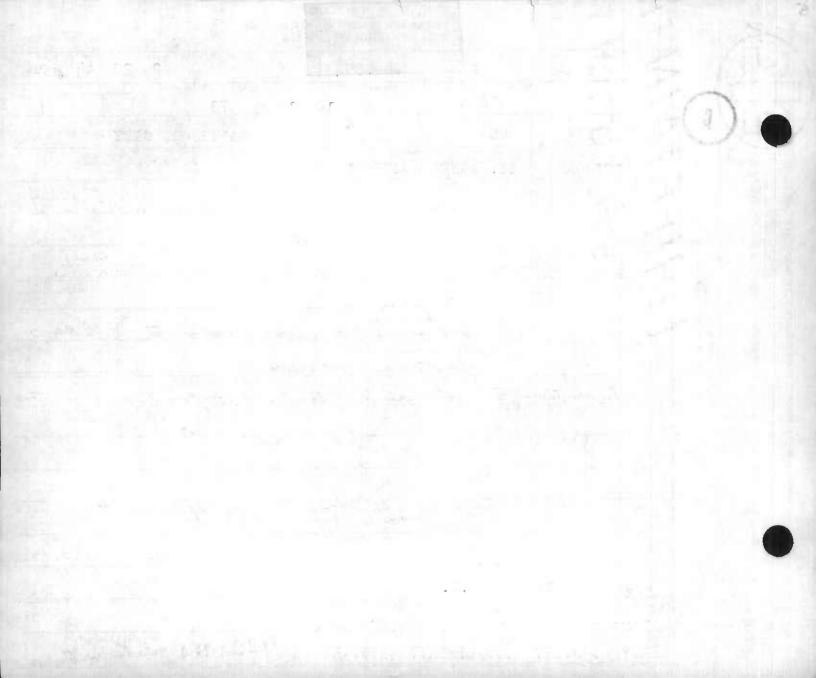
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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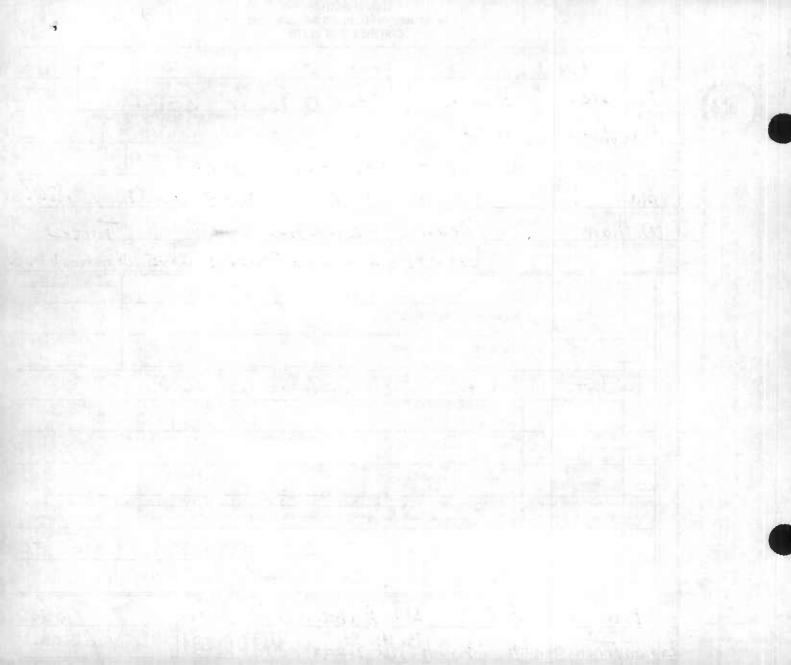
- 1		REGISTRAR		CERTII	ICATE OF D	EATH	REG	NO.			
		CEASED NAME FIRST SARAH	MIDDLE A	JOHN	SON		20 DATE OF DEATH		20	YEAR BL	26. HOUR
1	1. SE		4 RACE	5. DATE (6. AGE (IN YEARS LAST		IF UNDE	-1	IF UNDER 24 HRS
1		FEMALE	BLACK	Mon.		10	73	YRS	MONTHS	DAYS	HOURS MIN.
0	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COULD	NTRY? 8. MARRIE WIDOW	NEVER M	ARRIED -	9 BALTIMORE CITY BALTIMO	_	TYOFDE	ATH	MD
0	10 CI	BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIN ST. AGNES	E STREET ADDRESS)	AL	TUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO			KIND OI USTRY	BUSINESSOR
5	13a. 5	MD 136 COU	ALL TITLE	E BEFORE ADMISSION) R TOWN	74	NO 🗆		s TANNA	Ave	. 7	1227
0	Lo	DUIS	MIDDLE		LOTT	RST	WE			LAST	
		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) 1213	MED FORCES? 166 SOCIA -14-2476	L SECURITY NO.	GEORGI		NSON 1942	CAT	ANNA	2122 A A	27 /E.
1		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY.	(b), and (c).							AATE INTERVAL NSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) UTT DUE TO, OR AS A CON (c) MMM		bitos G	lars	infertion	ं ह		100	longs
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	3.7-34	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF IT	-		PART 2)	
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			A / A -	C /	30/14/ nd that in (my) (1	, 19 aur) apinian c	ta	ZO date and he	. 19 84 our and fr		hat (1) (we) last auses stated
1		226. SIGNATURE 22d PHYSICIAN NAME (TYPE	hunaj nos	>.		TENDING HYSICIAN		AFF	220	2/2	0/84
1		JOAQUIN CA	BRERA M.D.		TEC ADDICESS	5+	. Agnes	Ho	=p.		
	(BÜRIAL BÜRIAL	2/23/84	ARBUTUS		PK.	BAL TO	MD.	COUNT	Y	STATE
	LE	ROY O. DYETT	4600 LIBER	TY HGT	AVE	25a. 17476	B 2 1 1984	AR 25b. MEG 15	David	IGNATU IGNATU	Rindon

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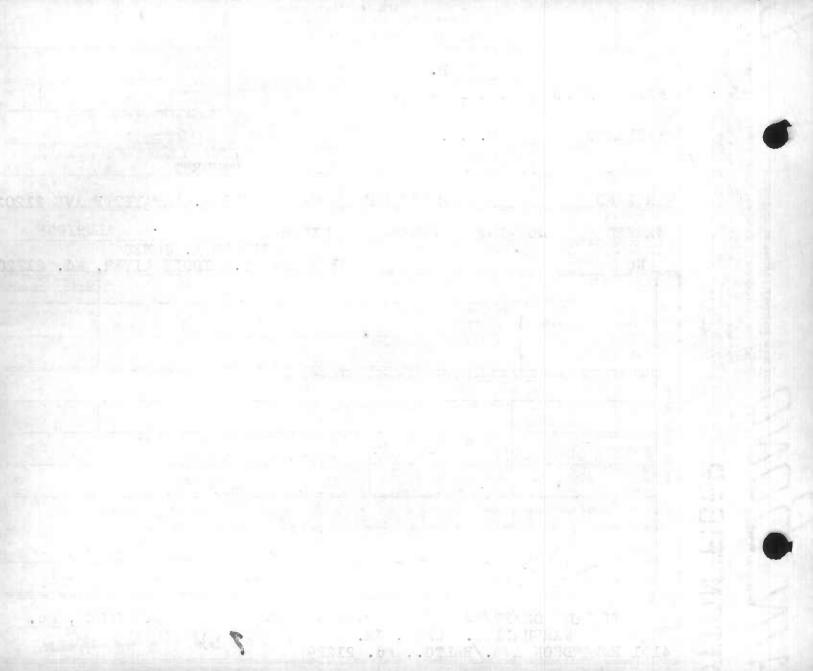
TO FUNERAL DIRECTOR



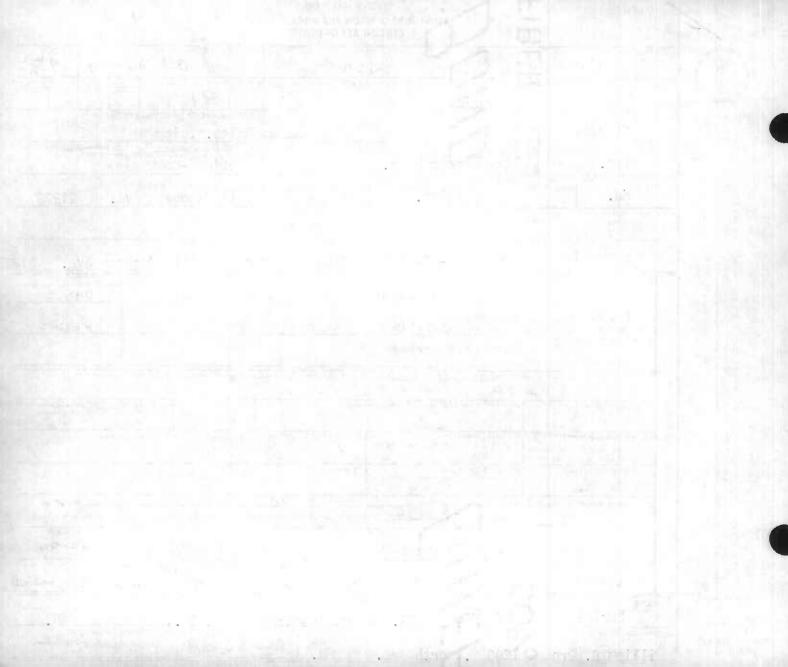
2	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	98
4 popp		CEASED NAME FIRST THE (MIDDLE	TOHUSON		28 84 10:30 PM
	3. SE	Female	Black	5. DATE OF BIRTH MONTH - 26-1907	6. AGE (IN YEARS LAST BIRT	YRS.
	70.8	Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	BALtimor	
1	3	Altimore City	TROVIDENT	Hosp, tal	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HU)	
34 100	Da.	AL RESIDENCE (IF NURSING HOME OF		WN 13d. INSIDE CITY LIMITS?	12845 U	Doodbrook Ave.
100 30C	10	Villiam	Dean Dean	Lucille	MIDDIE	Tyree
be seed on ond or . Popes		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 2/2-28	2-1537A Carvella F		845 Woodbrook Ave
s that the death certifical of by the attending physicose remove corbon paperol, cremation, or remove or other traumonic event,		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	uence of	pretion	BETWEEN ONSET AND DEATH
ow requires been signe rmit. Then p prior to bur any injury, s	CERTIFICATION	Di CLE LE 190. DATE OF OPERATION	nellitus	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		TON GIVEN IN PART 110:
SICIAN: The II and physician. certificate has unial-transit per tental Hygiene item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	YES NO	YES NO
NG PHYSICIA ottending phifter this certifics os the buriol-tr th and Mental orked or Item 1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TO	WN COUNTY STATE
OR ATTENDI e hospital or DIRECTOR: A zched for use Dept. of Heal f frem 21 is m				DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	IAN DE 28 OR
TO HOSPITAL retoined by the TO FUNERAL should be destr with the Store		SURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY V. H. Auburn Ce	m Balta.	COUNTY Md.
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	FH 1913 WODREST		AR 0 6 1984	25 MREGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN NI MONTH YEAR 2b. HOUR ITYPE OR PRINTS B. DEATH MATED CHARLES 84 JONES ! 19 6. AGE (IN YEARS 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE NEGRO LAST BIRTHDAY :17 MALE PRONOUNCED 9 1958 DEAD 84 19 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY U.S.A. MARYLAND WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION | TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY STUDENT Maryland General Hosp. Baltimore (DOA) ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE NO [] 413 E. LAFAYETTE AVE 21202 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST ALDRIDGE WARREN DONALD JONES MILDRED 7. INFORMANTMILDRED 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO A. ADONES MIDDLE RIVER. DIVIS Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (a) Gunshot wound of head (unspecified weapon) AND MENTAL HYGIEN ATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY 2TE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING AOR 2:40 M. 2-22-19 84 CONTRIBUTING CAUSE OF DEATH Subject was shot. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STATE Md. street 314 E. Lanvale St. Balto. TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a. I certify that I taok charge of the remains described above, held an Autapsy Hamicide X Accident Suicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL 2-23-84 Mn Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION KING MEMORIAL PARK BURIAL BALTIMORE. BP 24 FUNERAL DIRECTOR JONES, JR. **DHMH - 17** EDMONDSON AVE. BALTO. Md. 21229 4101 (VR A15 ME (5)) 20M 4/82



13	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL RYG ICATE OF DEATH	IENE 0 4	1 0 0)	
9 (350)		CEASED NAME FIR	TWUEL	MIDDLE .		TONES	20. DATE OF DEATH	TLE C	YEAR 26. H	9 40
	3. SE)	MALE	4. RACE B1	lack	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR IF UN DAYS HOUR	RS MIN.
uneral direct		RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	Balto.,c		ATH	MD.
by the for	10. CI	Balto.	11. NAME OF (# NOT IN SUI BON	HOSPITAL, NURSIN CHEACILITY, GIVE STREET SECOUP HO	IG HOME C ADDRESS) OSP.	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired-1	F WORKING LIFE) IND	KIND OF BUS OUSTRY	INESS OR
filled in ould be		TATE Md.	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW Balto.		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS /	zip code	21	223
Completely 1 and 2 sh	14 FA	THER'S NAME UNKNOWN	WIDDLE	EAST		IS. MOTHER'S MAIDEN NAI UNKNOWN	WIDDLE		LAST	
physician and co anpopers. Pages 1 emoval.	16a V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	086-12-8		Kathleen My	ADDRE	Edmonso	n Ave.	212
iquires that the death cer signed by the attending then please remove carbo to buriol, cremation, or re njury, or other troumotic e	NO	underlying couse lo	tich (b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO 1	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	YEA PART No	RS
hysicion. icose hos been roose permit. T Hygiene prior t 18 shows ony in	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING (CAUSES OF DI	
certification of the management	MEDICAL CE	210, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX	OF DEATH HOUR A	.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR	PART 2)	
After this e os the bu olth and M marked ex	MED	21d. INJURY OCCURRED WHILE NOT WHILE [AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC }	211. LOCATION STREET	CITY OR TO	WN CO	UNTY	STATE
hospital RECTOR: hed for us ept. of He tem 21 is		27a. I certify that (1) (this sow the deceased of above, 17 (we) (did) (27b. SIGNATURE		- 22 198	1	nd that in (our) opinion of		22		
TO HOSPITAL OR retoined by the his should be detoche with the State Dep IMPORTANT: If he		27d PHYSICIAN'S NAME WILLIAM		LAW M	no D	ATTENDING PHYSICIAN D 220 ADDRESS BEN 2000 W. BHLT		HOSPI POL BALTO		21223
BP	23a. E	Burial, CREMATION, REM	OVAL 236 DATE 2/27			emetery or crematory Iburn Cemetery	23d. LOCATION CITY OR TOWN Balto	COUN	MI	STATE D.
WH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR NAME illiam C. Br	own 1206	W. North	Ave.	MD. 250 PE	B 23 1984	250. REGISTBAR'S	SIGNATURE Hond	و الما

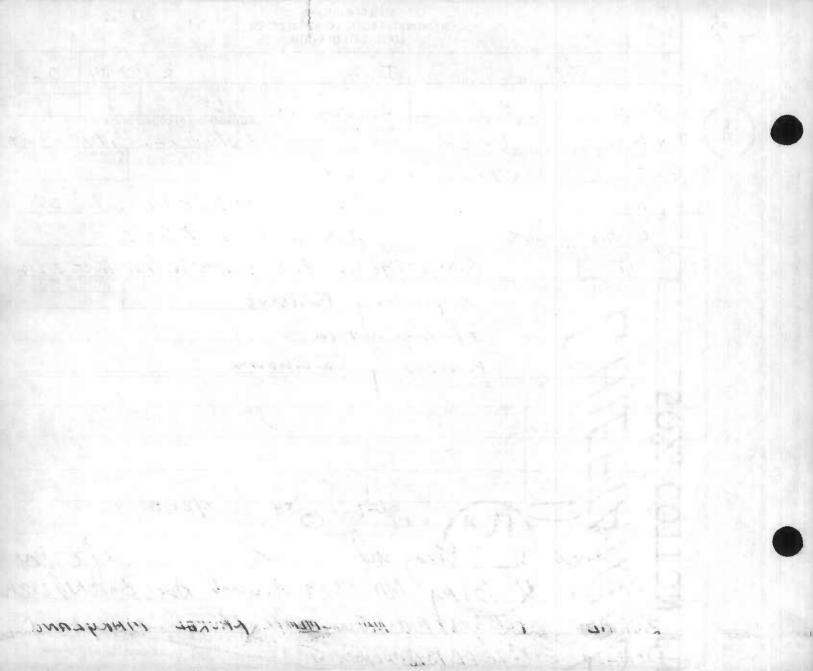


+	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYL ALTH AND CATE OF I	MENTAL HYGI	ENE O 4	1 0		
1		CEASED NAME FIRST		MIDDLE	LA	ST		20. DATE OF DEATH	MONTH DA	Y YEAR 2	HOUR
à de la		Ida			Jones				1 2	8 84	136
moy	3. SEX		4. RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BI			UNDER 241
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Pogo	7e. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	□ NEVED		9. BALTIMORE CITY	OR COUNTY	OF DEATH	
d 64 500		vert Coun. Md	II	.S.	WIDOWED		VORCED	Baltimore	City		
P 24 95		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OF			120 USUAL OCCUPAT	ION	126. KIND OF B	USINESS
13 00	321	timore		vanhoe Ave				TYPE OF WORK FOR MOST	200	INDUSTRY	
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E >4		THER'S NAME		Iparrimon			S MAIDEN NAM		de Avei	iue	
with nd 2		FIRST	MIDDLE	LAST	00.20		FIRST	MIDDLE		LAST	
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Poges medico			GIVE WAR OR DATES								
S. Po		no		216-24-33	333	Leon H	am-5009	Ivanhoe A	venue		
physic pope novol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:			cealie	carel	currence	Zore	APPROXIMA BETWEEN ONS	ET AND DE
cert rbor r rer ic ev		4310	IATE CAUSE (a)_		Dei			u cua.		2.4	
e co		Conditions	DUE TO,	OR AS A CONSEQUE				of HONA	ASAA	16 42	an
e de mov		Conditions, if any, which gave rise to immediate	(b)_	71		/					
by th sse re crer other		couse (a), stating the underlying couse lost	DUE TO,	OR AS A CONSEQUE	ENCE OF						
ed b pleos rriol,			(c)_								
quire sign then to bury,	Z	PART 2. OTHER SIGNIFICAN	II CONDITIONS	ON IKIBUTING TO L	DEATH BUT I	NOI KELATEL	O TO THE TERMI	NAL DISEASE OR COM	ADITION GIVE	N IN PART ITO	
9 4 0 2	CERTIFICATION	196 DATE OF OPERATION	TIRK CONI	DITION FOR WHICH	OPERATION	WAS PERE	PAAED	20g AUTOPSY?	20h JE YES	WERE FINDING	SIISED
	FIC	THE DATE OF OFERATION	170 CON	DITOR TOR TIME!	OI ENAMO	· WASTERIC	NATED .		IN CERTIFY	ING CAUSES OF	DEATH
N. The hysicion.	E		57 00 7005	05 5111100		[21: 110:11	LUINY O CCUINN	YES NO	YES		ио 🗌
Z S O O I &		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY A.M. MONTH DA	AY YEAR	ZIC HOW IN	IJURY OCCURRI	D (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)	
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ohysician inding phy inding phy his certific e buriol-tra d Aentol h	VEDICAL	21d. INJURY OCCURRED	21e. PLACI	E OF INJURY		21f. LOCATI	ON	CITY OR TO	OWN	COUNTY	STAT
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OR ATTENDING PHYSICIA te hospital or attending pl DIRECTOR: After this certif othed for use as the buriol-t Dept. of Health and Mental if them 21 is marked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE 1 120.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 12b. SIGNATURE	21e. PLACI (AT HOME S ospital) ottended on not) view the bod	E OF INJURY TREET, FACTORY, OFFICE, F	FARM, ETC.)	412 d that increy	19	, to eath occurred on the c	date and haur	9, tho and from the cou	it (I) (we) uses stated
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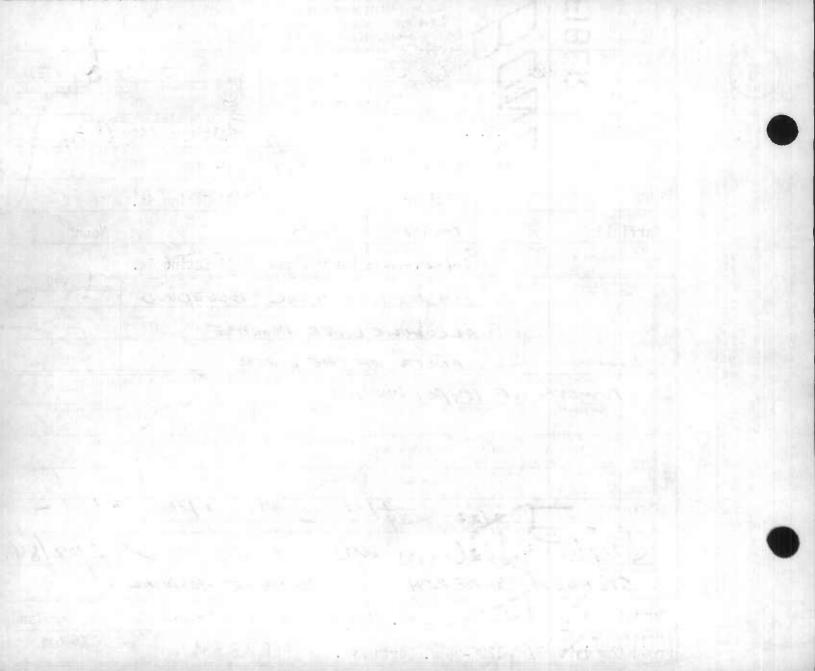
Brown-Thompson F. H. 1913 W. Baltimore Street

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	L	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	SIENE () 44	106
-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	Э.
. ne		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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1/1		MALE	B	5 ,22 14	69	YRS.
4 (14)	30. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRYS	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	R COUNTY OF DEATH
1 1/4	10.0	ITY OF SOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS) HESPITAL	TYPE OF WORK FOR MOST O	
1 10	Ula Ula	ALRESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	13e. STREET ADDRESS	2/2/
100	1	mg	BALTO	YES 🛛 NO 🗆	2035W	LAN Vale S/
1130	1"	Archie No.	MIDOLE LAST	15 MOTHER'S MAIDEN NA	Oliver MIDDLE	ARNES
ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 224-26	URITY NO. 17 INFORMANT	ADDRE	V. LANVALE St. 212.
4 P P P	-	18 CAUSE OF DEATH (Foter or	aly one couse per fine for (a) (b) a	nd (c.)	23 000 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
theory they want to the control of t			nly one couse per fine for (o), (b), a ED BY:	routory Failu	ve	BETWEEN ONSET AND DEAT
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r requires, that the depth of the services in Then please remove correct to buriof, cremption, or by injury, or other troumph.	ATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) Pulman CONDITIONS CONTRIBUTING TO	guinatim NACE OF CAVCINO DEATH BUJ NOT RELATED TO THE TERA	AIN AL DISEASE OR CON	
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The low requires that the death of sides. The has been signed by the attends that permit Then places remove car giere prior to bursal, cremation, or places only injury, or other traumati.	ERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) Pulmon CONDITIONS CONTRIBUTING TO	AU INATION LINCE OF ATT CAVCINO DEATH BU NOT RELATED TO THE TERA H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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Page 1	160	WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN] (IF YES, GIVE 10	MED FORCES? E WAR OR DATES)	214-24-		17 INFORMANT Lynta Jones	2426 Etti		
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۵	Or or se ost	10	220.1 certify that (I) (thusb	nospital) attended th	ne deceased fra	m Ma		to Tale	19 94	, that (I) (we) last
	TTEN pitol TOR for o		saw the deceased aliv above, (1) (we) (did) (di	e on HUb	19	83	nd that in (my) (our) opinian	death occurred on the d	ate and hour and from	the causes stated
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35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE		BALTO.	Ty . MD.
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3 3 1	230	BURIAL, CREMATION, REMOVAI BURIAL	2/25/84		Auburn Cem	Baltimore	e, COUNTY Md. STATE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital or attending physicia

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231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Baltimore, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 2/8/1984 Garrison Forest Cem. 24 FUNERAL DIRECTORNUTTER & SONS 2501 Gwynns Falks Pkwys DATE REC'D BY REGISTRAR 256 REGISTRAR

Funeral Home Inc. Baltimore, Maryland 21216

23b. DATE

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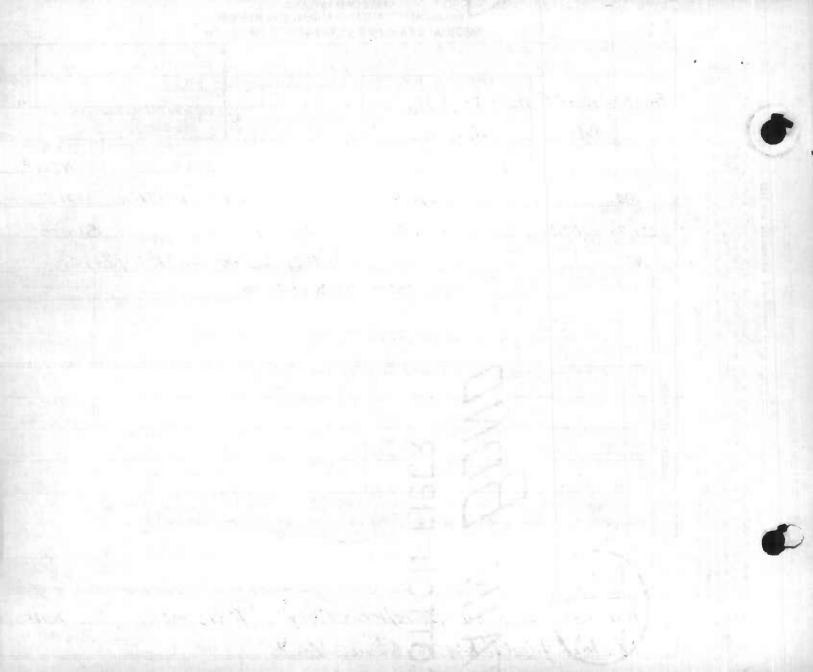
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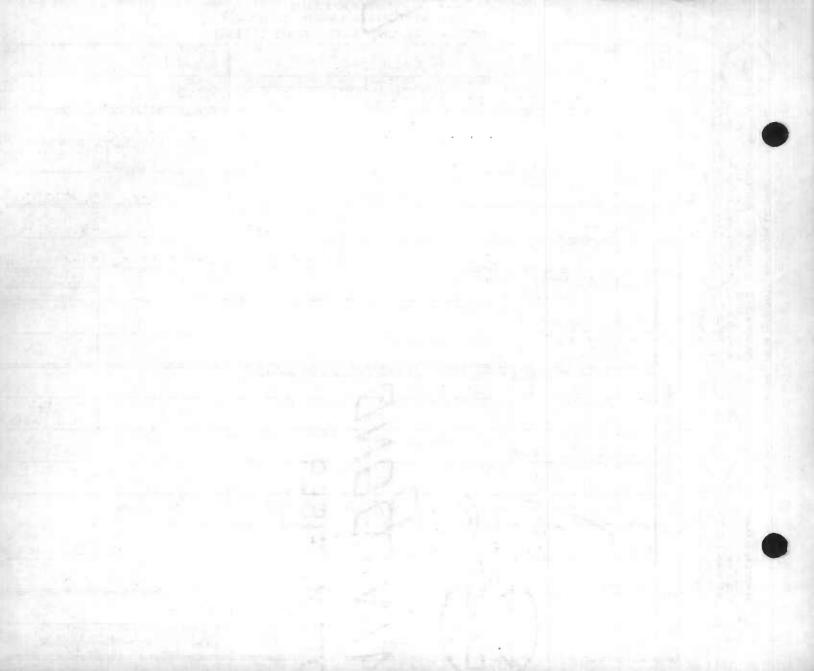
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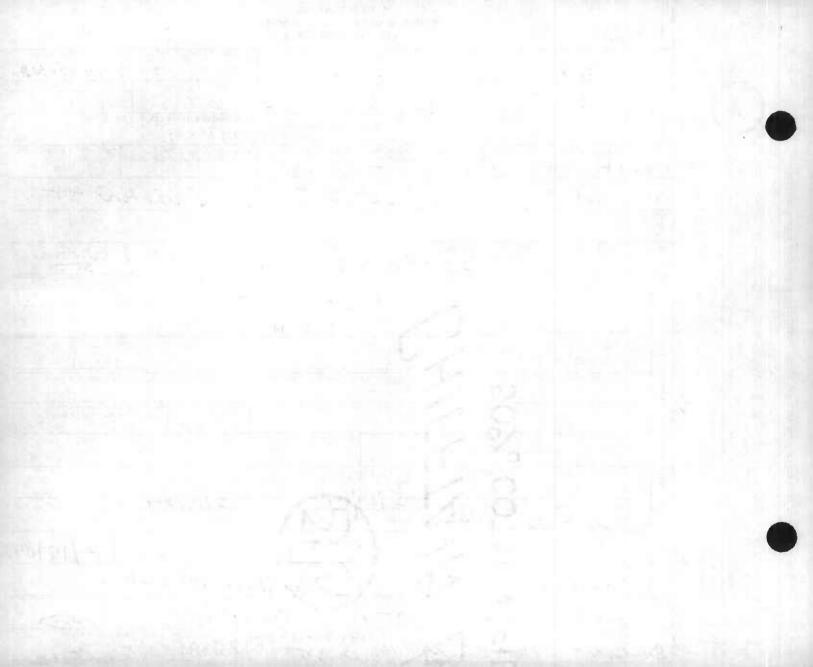
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	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23 a. E	BURIAL, CREMATION, REMOVAL 2		23c. NAME OF CE/		DDKE33			=
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	DHMH - 17	24. F	FUNERAL DIRECTOR	40 MAYORES	601	70			STRAR'S SIGNATURE	40
DIVISION OF VITAL	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WE PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARMENTAL BALTIMORE, MARYLAND, 21201 PRICE TO BE		UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE CAMINER'S NAME DENN SURFIAL CREMATION, REMOVAL 2. SPECIFY CHARAL DIRECTOR	HOUR A.M P.M 21e PLACE C STREET, FAC e of the remays des	A. MONTH DAY YEAR 19 OF INJURY (AT HOME, TORY, FARM, ETC.) Accident . Su THIN, M.D.	Autopsy	ATION REET INSPECTION Homicide INTLE (SPECIFY) ASSISTAN ADDRESS 11 CREMATORY	CITY OR TOWN In	COUNTY DATE SIGNED 2-29-8- COUNTY STATE	5



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN K DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-2/13/8419 Sherman Α. Jones S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 11:07 DATE AST BIRTHDAY) YEAR PRONOUNCED 38 DEAD 2/13/8419 Male Black 5 20 46 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) V U.S.A. Maryland WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) 953 N. Duncan St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY N. Duncan St. 21205 Maryland Baltimore YESKEN NO 953 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST LAST L. CREMATION, OR REMOVAL. Bridgeford Norvel1 Jones Bernell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) Catherine Scott 2844 Oakford Avenue YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Hypertension 19a DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HE OF PRIOR TO BURIAL, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 Partial YES X NO 🗌 210 EXTERNAL CAUSE WAS TIE TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211 LOCATION AGE SHOULD BE FORWARDED DE FUNRAL DES 3 (
PUNRAL DIRECTOR: PAGE 3 (
FIER DEATH, WITH THE STATE DES
ALTIN RE, MARYLAND, 21201 PI AT WORK AT WHILE STREET, FACTORS, FARM, ETC.) CITY OR TOWN STATE COUNTY X escribed abov Pantini 21 Autopsy 22a | certify that I took ettinge all the remains Inspection Inquiry and in my apinian ral causes X Hamicide Undetermined manner ACTUAL Dep. Chief 2/14/84 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Thomas D. Smith, M.D. EXECUTE AND PAGE TO ME AFTER BALLER BALLER (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Md STATE SPECBURIAL Baltimore, 2/18/84 Mount Auburn Cem, BP 2510 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** March F/H Inc. ADDRESS 01 E North Avenue (VR A15 ME (5) 20M 4/82



1	1	FOR STATE REGISTRAR	DEPARTN	ENT OF HEALTH AND MENTAPHYO CERTIFICATE OF DEATH	REG. NO.	10
of 9 3		CEASED NAME FIRST EORPRINT) William	MIDDLE	Jones		9-84 5.30 DM
(A)	3 SE		13/ACIC	5. DATE OF BIRTH MONTH DAY JEAR JEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
04	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	OF DEATH MD
s offer d	10. C	A 1+ mure	11. NAME OF HOSPITAL, NURSIN	S HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
ND 2120	13a.				130 STREET ADDRESS Wirt	3/392
E, MARYLAND 2120 Used within 24 hours completely filled in by 1 and 2 should be filled	14, F.	ATHER'S NAME FIRST	AIDOLE LAST	15. MOTHER'S MAIDEN NA		LAST
BALTIMORE, I		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUL WAR OR DATES) 2/2-58-	TITY NO. 17. INFORMANT	MUray BOY	1 Witen
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p urial, cremotion, or remo	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Sepsis NCE OF CVD	AINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ALRECORDS, on the low requirements on the permit. Then the prior to be one pri	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	PPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
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OR ATTEN he hospital DIRECTOR toched for u		sow the deceosed olive on obove M (wpr (3d)) (deceosed) (deceosed	view the body offer death.	ond that in (pry) (our) opinion DEGREE ATTENDING	death occurred on the date and house	19, thotat (we) lost r and from the couses stated 22c. DATE SIGNED 219 84.
TO HOSPITAL TO FUNERAL should be der with the Stort		S155P	1 And Ke	LuT	hera Hopfel	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236. N	AME OF CEMETERY OR CREMATORY T. AUSURN	23d LOCATION CITY OR TOWN	COUNTY
DHMH - 16 50M 4/B2 (VRA 15, 4)	£	UNERAL DIRECTOR	tom PSONOFESS	1+. But 8	EB 2 2 1984	avidona Rando 80



STATE OF MARYLAND. FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2h. HOUR TYPE OR PRINT Elmore Jordan 84 16 IF UNDER LYEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS MONTH 5 13 25 Black Male 70 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED S. Carolina U.S.A. Baltimore City WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
1100 Bolton St. JTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 21201 13a. STATE 13e STREET ADDRESS / ZIP CODE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Md. 1100 Bolton St. Apt. 302 YES XX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE Joseph Jordan Lizan Jordan 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Elsie Jordan 1100 Bolton St. Apt. 302 NO 216-07-5876A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? NO 1 YES [NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

DEGREE

21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

CITY OR TOWN COUNTY

, that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

22c. DATE SIGNED

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 224 PHYSICIAN'S NAME LITYPE OF PRINTS

GENERAL

STAFF

	DONALO,	4.	DEMI	20
a	BURIAL, CREMATION, REMOVA	AL 23	2/21/84	23c NAME Arbi

22a | certify that (I) (this hospital) attended the deceased from,

obove, (I) (we) (did not) view the body ofter death.

sow the deceased alive on.

22b. SIGNATURE

MARYLAND 23d LOCATION OF CEMETERY OR CREMATORY Pk. Afbutus, Md STATE Arbutus Mem.

MEDICAL

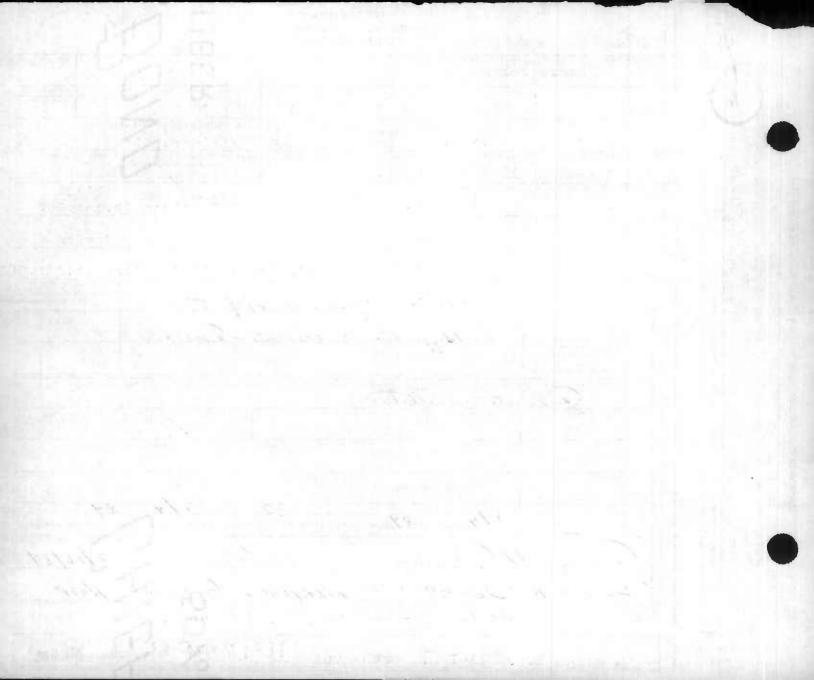
24 FUNERAL DIRECTOR

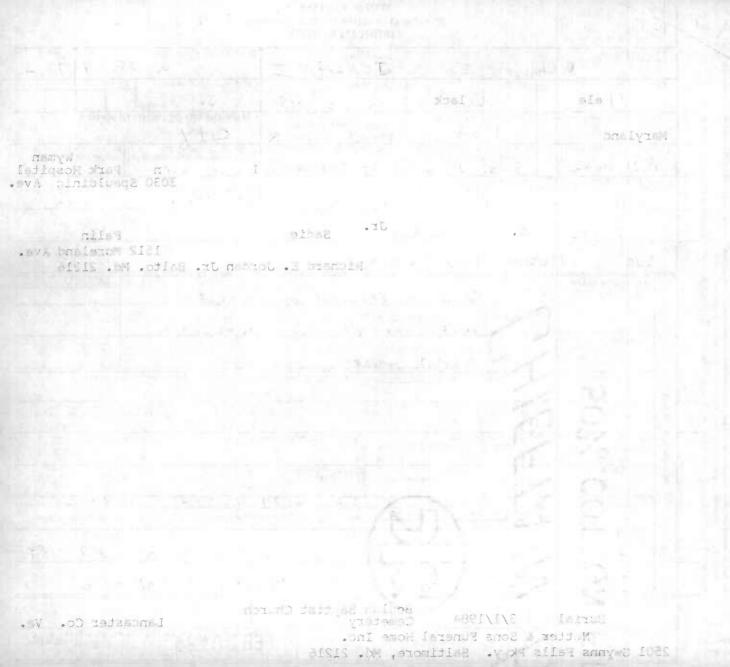
25. DATE REC'D, BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

1101 E. North Ave Wm C. March F.H.

(VRA 15, 4)



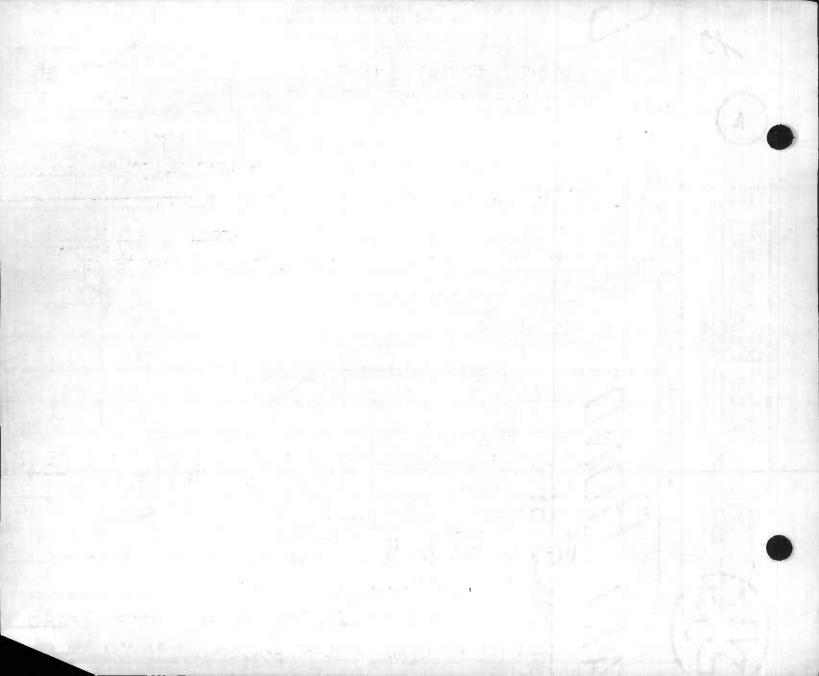


(B)	1,	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA	HYGIENE O 4	1 3	1
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		TEXA!
be e 3		CEASED NAME FIRST	MIDDLE	(AST		NTH DAY YEAR	26 HOUR
poge er deor	3. SE2	MICHAE	L L	JOYNES 5. DATE OF BIRTH	FEBRUARY 1	7. 1984	11:55p
rector urs aft		Male	Black	MONTH DAY YEAR 5 198	3 1.	MONTHS DAYS	HOURS MIN.
deoth. P		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED		CITY	MD.
by the fu	d	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE JOHNS HOPKI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		F BUSINESS OR
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mpletely ond 2 sh	1/	THER'S NAME	MIDDLE	IS MOTHER'S MAIDE	N NAME	Palme	5 F
Pages 1	16a, V	VAS DECEASED EVER IN U.S. AR			ADDRESS	Antiocha	4 Pr Asses
s that the death certificated by the attending physicaleose remove carbonpagation, cremoval or an other traumatic event, %		Conditions, if any, which gove rise to immediate cause to), stating the underlying cause last.	DUE TO, OR AS A CONSECUTED OF TO, OR AS A CO	ERTROPHIC CA	RDIOMYOPATI	14	days
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otherdir or this ond M.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY	STATE
TTEN TOR: for us of He		22a I certify that (1) (this haspi	ital) attended the deceased from	n HESEV NEX 5 , 19	, to service on the date		thot (Dwe) lost
the property of the Dodge		226. SIGNA BORE	-MO	DEGREE ATTENDII PHYSICI		22c. DATE S 2-1	7-84
etoined by to FUNERAL should be del with the Store		MICHAEL JAY	SENDAK, M	D. 601 N.		31 I WORE	LD.
BP	B	URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 23.	Samuel Wesley	y Manokin	COUNTY	Md
DHMH - 16 50M 4/83 (VRA 15, 4)	W	MERAL DIRECTOR NAME TAMES IT	258 Chuh			REGISTRAR'S SIGNATU	

Plack of Supering And American Md. Semerset Pr. Anne v 329 Antideh Ave Serry Di Joyensh dellyette V Palmer 40 ll g. The your sagarder Lang Person Short A Think the Contract of HYPERTEDRAL CARDINATES Per Siversian P2 3 Familian Distriction CUJ--- 4048 BOW, THE WIND ME TO SERVE WITH THE SECOND SERVED MY DESIGNATION. 2-22-1737 Adminesting Manchin S. L. 1778 Was Advanced to 128 Charles at 12 - was EEB22 1884 This Forest Level

20M 4/82

STATE OF MARYLAND



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dissipator of completely filled in by the funeral dissipator of the filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE	0	4	- Grand
LEXANDER	KARAVASILIS	CERTIFICATE OF DEATH		DEC	NO

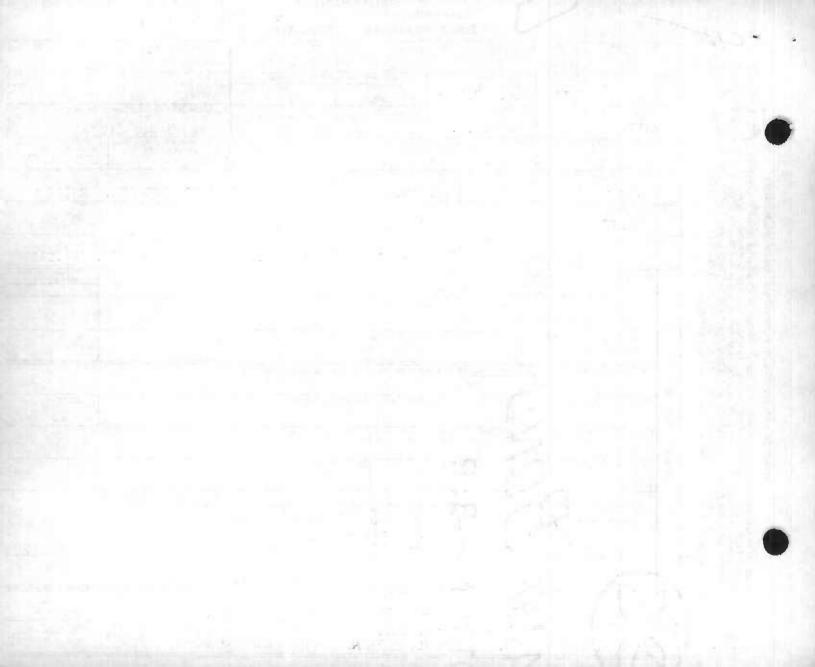
	CEASED NAME	FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	Zb. HOUR
(1177)	Ale	Xander		Kara	Yasilis	A 1	2-10-	84.	10.55
3. SE		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI			IF UNDER 24
	Male	Whit	8	Api	il 20,1884	99	YRS.	INDER I YEAR IF UNDER ZITHS DAYS HOURS DEATH 12b. KIND OF BUSINES INDUSTRY FOOD Road 2122 UNKNOWN) 3 APPROXIMATE INTERV BETWEEN ONSET AND D APPROXIMATE INTERV B APPROXIMATE INTERV B APPROXIMATE INTERV B APPROXIMATE INTERV B APPROXIMATE	HOURS
)a. Bi	IRTHPLACE (STATE OF F	FOREIGN 76 CITIZEN O	F WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			1 3 1 1
	Asia Minor	Gree	ce	WIDOWE	4.4	Baltimo	re City		
10. C	ITY OR TOWN OF DEA	ATH 11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
	Baltimore	Lather	EN HOSPI	12/	OF Maryland	Retired Cl	erk		
13a S	AL RESIDENCE (IF NURS	ING - SWI DESTIER INSTITUTIO	N GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e. STREET ADDRESS			Ye. 12
	laryland	Baltimore	Catonsv	ille	YES NO 🔀	1402 N. R	olling R	oad	21228
H. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	т.,
1_	Markos		Karavasil		Eugenia			nkno	ער)
	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			17 INFORMANT	ADDR			
_	No		219-38-	7738	C. N. Kuts	son Same	as # 13		
	Conditions, if any, gave rise to imm	which (b)_	or as a conseque	NCE OF			ganest		
ATION	gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN	which (b) nediate (ig the last: (c) NIFICANT CONDITIONS	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM		ADITION GIVEN IN		
TIFICATION	gave rise to imm couse (a), statin underlying cause	which (b) nediate (ig the last: (c) NIFICANT CONDITIONS	or as a conse q ue	DEATH BUT		IN AL DISEASE OR CON 200 AUTOPSY? YES NOW	IDITION GIVEN IN	RE FINDIN	GS USED OF DEATH?
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CAL CERTIFIC	gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21a, ACCIDENT WAS UNE OR CONTRIBUTING CURE WHILE NOTIFY MEDIC 21a INJURY OCCURE WHILE NOTIFY MEDIC 22a. Certify that (1) saw the decase abave, (1) (we) (c 22b. SIGNATURE	which nediate go the last. NIFICANT CONDITIONS TION 19b CON PERLYING 121b. TIME LAUSE OF DEATH CALEXAMINER 121c RED 21e PLACI (AT HOME S REC (This hospital) attended it and it wiew the bod Makeure	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH IS OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	211. HOW INJURY OCCURE 211 LOCATION STREET 19 10 19 10 that in (my) (aur) apinian of the physician of the p	200 AUTOPSY? YES NOT	20b. IF YES, WE IN CERTIFYING YES DARY IN ITEM 18. PART 1 CO	RE FINDING CAUSES OR PART 2) COUNTY	NGS USED OF DEATH? NO STAT
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DHMH-16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND



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Item 4 per p	h. I-	POR15/84 pe STATE REGISTRAR	r ph.		STATE OF MARYLAND NT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	25, 10 1, 25	1120	2
3		CEASED NAME FIRS	1.00	wood T	KELLAM	20. DATE OF DEATH 2/3/84		EAR 26 HOUR COAM
Page 4 may	3. SE	m	4. RACE	acasion	DATE OF BIRTH MONTH DAY YEAR 12 9 14	6. AGE (IN YEARS LAST B		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) UA, USA.	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED NORCED	Baltimore City	OR COUNTY OF DEA	TH
by the fulled with	P	OTTOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD	HOME OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST RETIFICA		IND OF BUSINESS OR STRY
filled in rould be rould be	13a.:		me or other institution County Calvert	136 CITY OR TOWN Chesapeak	113d. INSIDE CITY LIMITS?	Rt. #261	/ ZIP CODE 2073	2
mpletely ond 2 st	2	George L.	WIDDLE	Kellam	IS. MOTHER'S MAIDEN N	IAME Lee	Par	ker
be execut on ond co	1		S. ARMED FORCES? ES GIVE WAR OR DATES) W II	578-18-71		Tellam P.	P. Box 861	Ches. Be
equires that the death signed by the attend from please remave ca to burial, cremation, a njury, or other traumatin	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause loss PART 2. OTHER SIGNIFICA	th (b)	OR AS A CONSEQUEN OR AS A CONSEQUEN Newtract ONTRIBUTING TO DE	teres wall my	carchid enfa	NDITION GIVEN IN PA	ART Ito
hos beer permit in permit	CERTIFICATION	19a. DATE OF OPERATION	196. COND	DITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	
irSiCIAN; The ding physicion is certificate buriol-transit from the form of them of the of th		210, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	DFINJURY ,.M. MONTH DAY ² .M.	YEAR 19	JRRED (ENTER NATURE OF IN)	URY IN ITEM IB PART I OR PA	ART 2)
G Ph atten the ond ked d	MEDICAL	214. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FARI	A. ETC.) 211 LOCATION STREET	CITY OR F	OWN COUN	NTY STATE
TTEND pital pital TOR: for us of Hei		220 I certify that (I) (this saw the deceased ali above, (I) (we) (did) (d			ond that in (my) (aur) apinio	n death occurred on the	date and hour and fro	m the couses stated
OR Che		226 SIGNATURE	n. alan	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF .	DATE SIGNED
HOSPI ined b Suld be by the Si		ChARles	N. Cclar	10 M.P.	224 ADDRESS MA	1.		
BP		BURIAL, CREMATION, REMO SPECIFY BURICI	- 1		ME OF CEMETERY OR CREMATOR	carten's D	INKINK COUNTY	
DHMH - 16 50M 4/83 (VRA 15, 4)	RC RC	usch Funcra	1 Home.	PO BOX 45	20.136	EBO 7 1984	REGISTRAR'S SI	Cohelf

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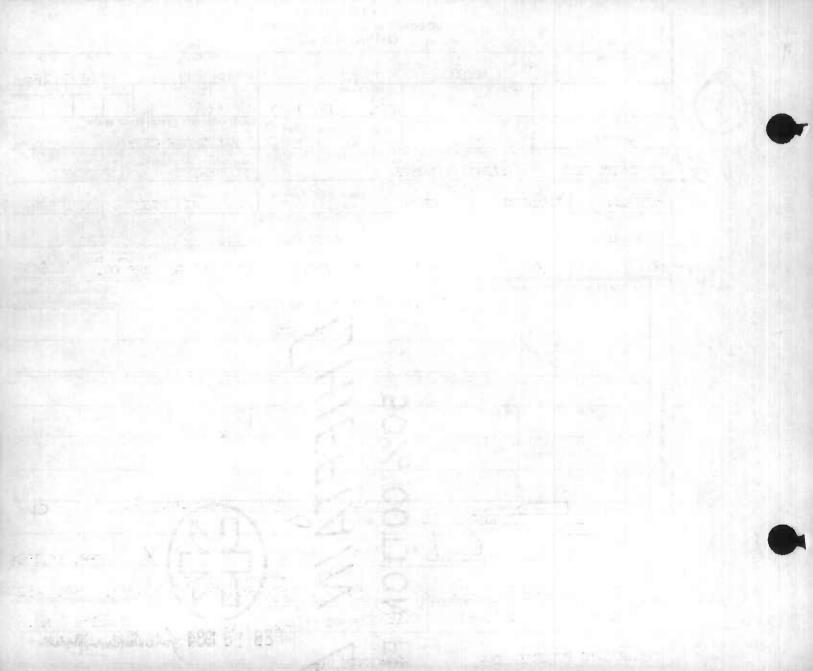
10		1	FOR STATE REGISTRAR			DE	PARTMENT C	F HEALTH AN	ID MENT AL HYG	IENE O 4	1 2		
E_R			CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
2 2	ge 3	(,,,,		CHARL	ES .	JAMES	KI	ENNEDY	LIE KU	FEBRUARY	15.1	984	5:37 N
UE	fler of	3. SE	X	4.	RACE			TE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
0	urs of	1	MALE		WHITE		10	JANUARY 1		11	YRS.		
3	22 ho		IRTHPLACE (STATE OR COUNTRY) IARYLAND	FOREIGN 7b	USA	WHAT COU	MAR	RIED NEV	ER MARRIED X	9. BALTIMORE CITY OF			MD
	3		ALTIMORE	ATH 1	(IF NOT IN SU	CH FACILITY, GIV	VURSING HOA	NE OR OTHER I	SPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST (ION	T	F BUSINESS OR
24 h	and 35	13a.	AL RESIDENCE (IF NUR: STATE RYLAND	136 COUNT	Υ	13c. CITY O		13d INSID	E CITY LIMITS?	130. STREET ADDRESS 3809 SPRING	HILL DR		21078
ed within	ompletely ond 2 sh	14. F.	CHARLES	MI L.	DDLE	KENNE			ER'S MAIDEN NA/ FIRST OBERTA	WE		LAS ENGLISHM	
pe execu	Poges de medicol		WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	16b SOCIA	L SECURITY NO	HARRY	L. OLIPHA	ADDR NT, SR. SAME EDY 702 EARLT(AS #13e	AVRE de	GRACE, MD
Certificote	ng physiciar bonpopers. remavol. ic event, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:		(b), and (c).)	arres	st				MATE INTERVAL ONSET AND DEATH
C. J. f.	ed by the attendin leose remove corb ial, cremotion, or or other troumotic		2770 Conditions, if any gove rise to im		DUE TO, C	R AS A CON	ISEQUENCE O	brosis				11	1 years
٠ ا	d by the leose rem ial, cremo		couse (o), stating underlying cause	ig the	DUE TO, O	R AS A CON	SEQUENCE O	F					
equires	Then p to bur njury.	NO	PART 2. OTHER SIGI	INFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D					IN AL DISEASE OR CON	IDITION GIVE	V IN PART 10	3	
he lo	nsit permit.	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR V	WHICH OPERA	TION WAS PE	RFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	OF DEATH?
PHYSICIAN: Tending physic	s certificate h burial-transit Mental Hygie or tem 18 sha		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH		OF INJURY .M. MONT		AR 9	V INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
ING PHYS	After this c e os the bur olth ond Me morked or H	MEDICAL	21d. INJURY OCCUR	THE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY,	OFFICE, FARM, ETC	21f. LOCA	ATION REET	CITY OR TO	OWN	COUNTY	STATE
ATTENDIN ospitol or	for us of He 21 is		22a. I certify that (I) sow the deceas abave, (I) (we) (i	ed olive on	February	1 15	fram F-Cb.	, and that in (to FCbruCy death occurred on the d	1		that (I) (we) last couses stated
o be	AL DIREC detoched lote Dept. VI; If Item		22b. SIGNATURE	xmela	2.3	eith	,	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF X	2/1	SIGNED 5184
	should be det with the State		Pamela	-	citlin	W		Depar		Pediatrics, I	ohns H	opkins	ltospita
BP_	- 4 3 4	23a	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	23b. DATE 18FEBRU	JARY84			CEMETERY	23d. LOCATION CITY OF TOWN ABERDEEN,	HARFORD	CO., MA	RYLAND
	6 50M 4/82		UNERAL DIRECTOR	1200		AD	DRESS		FEB	REC'D. BY REGISTRAN			
(VRA	15, 4)	MI	TCHELL FUNER	AL HOME	PA. HAVI	RE de GE	RACE, MD.	21078	LED	4 1 1004 94	hia David	son-yank	TAIL

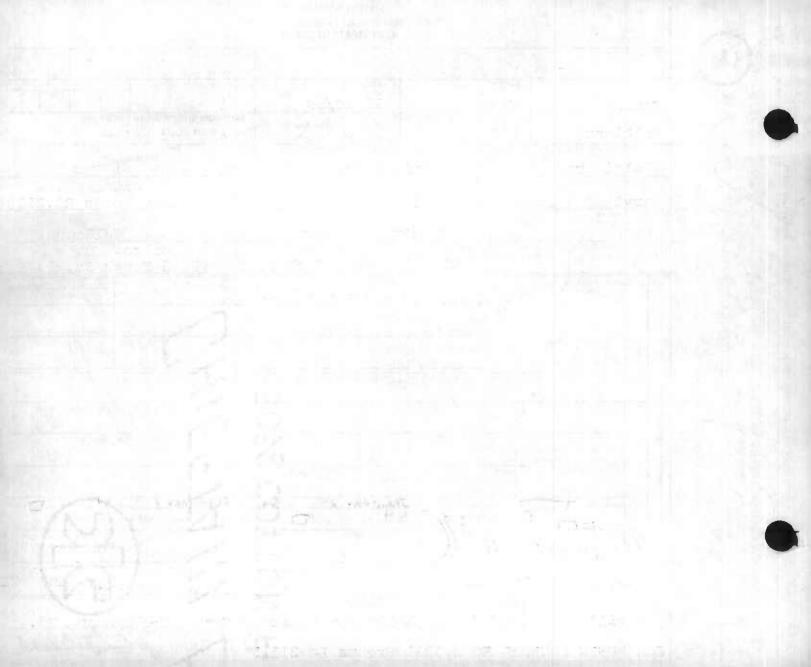
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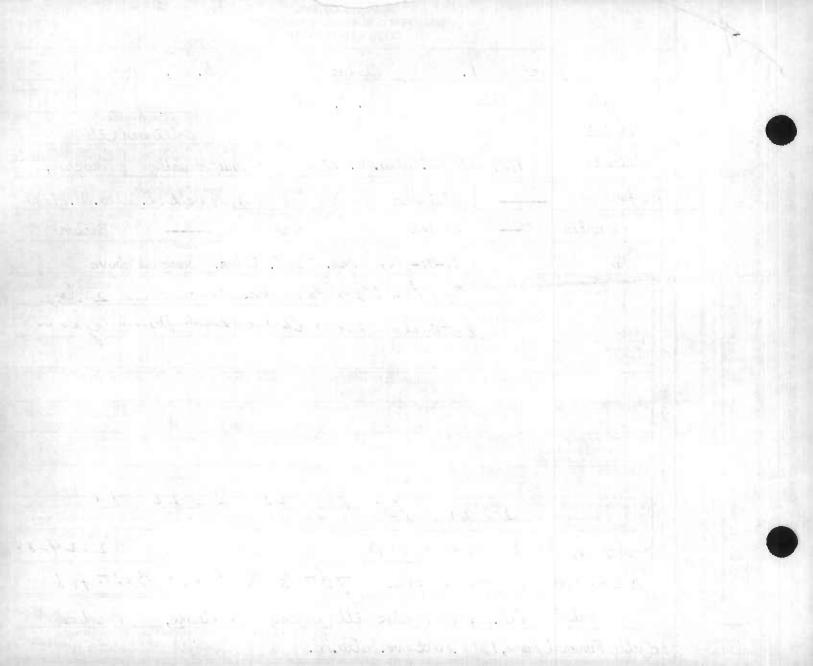
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7	8 82	70 BI	RTHPLACE (STATE ORFO	ORE IGN	76. CITIZEN OF V	WHAT COUNTR	MARRIE	NEVER MARR	RIED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	deor		MARYLAND			SA	WIDOWE	DIVORC	CED 🗌	BALTIMOR			MD.
101	s offer	BAI	TY OR TOWN OF DEA TIMORE CIT	Y	CHURC	H HOSPI	TAL	OR OTHER INSTITUTI	ION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LIFE	126 KIND O INDUSTRY PRIVE	F BUSINESS OR
BALTIMORE, MARYLAND 2120	filled in outd be	13a S	AL RESIDENCE (IF NURSI TATE YLAND	196 COUN		GIVE RESIDENCE BEI 13c. CITY OR TO PISC	NWC	13d. INSIDE CITY LI		13e. STREET ADDRESS ROUTE 425	PISGA	H, MD.	20640
RYL/	third 2 selection with income and	IA FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI	IDEN NAM	\E			
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SE,	ond co		VAS DECEASED EVER I			16b. SOCIAL SE	CURITY NO.	17. INFORMANT	123	ADDI	RESS TNIDT	AN HEAL) MD
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SALT	sicio pers ol.		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b),	ond (c).)						MATE INTERVAL
	phy n po smov		PART I. DEATH W		D BY: TE CAUSE (o)	CARD	IOPULM	ONARY A	RRES	T			
PRESTON ST.,	h cei ding orbc or re		4275			AS A CONSEC	DUENCE OF						H-HHT
ESTO	deot otten tion,		Conditions, if ony,		((b)			JAUNDI	CE				
3	by the ose remo	1	gove rise to imm couse (a), stating underlying couse	g the	DUE TO, OR	AS A CONSEC	DUENCE OF						
RDS, 20	equires 1 signed Then ple to burio njury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									,1	
DIVISION OF VITAL RECORDS, 201	on. hos been prior	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDIT	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	D	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED OF DEATH?
VII.	N. T. Tysica Tronsit Hygin Hygin	E E	210. ACCIDENT WAS UND			INJURY A. MONTH	DAY VEAD	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	IURY IN ITEM 18 PA	RT I OR PART 2)	
Ö	A do # T to E	N N	OR CONTRIBUTING C.		1111		19	7.0					
VISION	G PHYSIC ottending er this cer the burio ond Ment	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE C			211. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
۵	or or see of the second		22a. I certify that (I)	this hospi	toli attended the	deceased from	Febru	ary 10 19	84	, to Febru	ary 1,	, 84	hot (I) we lost
	TTEN Portol for u		sow the decease obove, (I) (we) (d	d olive on	FEBRUA	RY 120				eoth occurred on the	dote and hour	and from the c	ouses stated
	hos hos hos ept.		226. SIGNATURE	,	(/ dedin		DEGREE	1111	1, 147	1	22c. DATE	SIGNED
	AL D Jetocl Jetocl Jetocl Jetocl Jetocl		mound	red		who	ar M	ATTEN PHYSI	IDING	MEDICAL STA	AFF ICIAN	FEB.	14,1984
	TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote IMPORTANT: If		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS	OIII.	DOM HOOD		1 2 2020	11/1501
	o HOSi etoined TO FUN should b		MUKESI	I LUI	HAR, M.	D.		100 NO	RTH	BROADWAY	BALT	O. M	D. 21231
	Open Date M	23a B	LIPIAL CREMATION D		23b. DATE	1 23	c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
	BP	(SPECIFY BURIAL		2-16-8	34	Smith C	hapel Chu	Irah.	Di -	. (harles	Md.
	DHMH - 16 50M 4/82	24 FL	INERAL DIRECTOR		PHIL			- 1	25 FÜ AT	RECORY 984RA	SAME OF	ARIS SIGNAL	IRE DE
	(VRA 15, 4)	T	HORNTON'S I	FUNER	AL HOME	ADDRES	POMON	VEV.			1	.400.4	



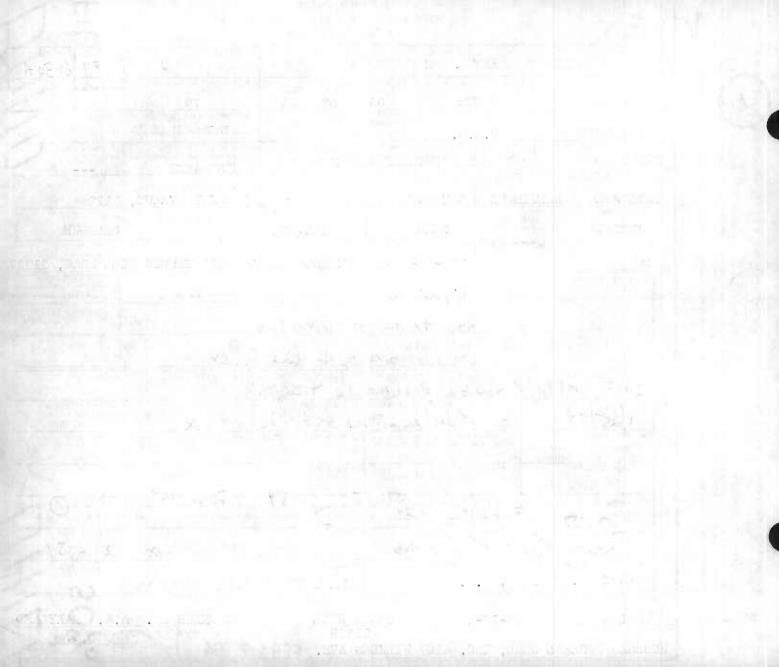




11		Item#6 G58	19 3/14/	8T CM		OF MARYLAND LITH AND MENTAL HY	curur () d S	6	
1	1 -	STATE REGISTRAR				ATE OF DEATH	REG. NO.		
	DECE	ASED NAME PRINTERST	No.	MIDDLE	A G LAS	FF-P.	20 DATE OF DEATH MONTH	16 194 1 18 HOUR	SF
3	SEX	-	1. RACE		S. DATE OF	DAY YEAR	6 AGE (INYEARS LAST BIRTHDAY)	MONTHS DATE HOURS	MINE.
307		HPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	XNEVER MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	_
84	CC	OHIO	U	, S.A.	WIDOWED		BALTIMOR	RE CITY	MD.
3/	0 CIT	OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE	126 KIND OF BUSINES	SS OR
21		ALTIMORE		IMORE C		HOSPITAL	HOUSE WIFE		1
	3a ST			13c. CITY OR TOWN	11	36. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C		4
1		M D. HER'S NAME		18ALTIMO	-	YES NO D		MBARD ST.	
506	-1	+MES	MIDDLE	DAILE		FIRST	ELIZABETH	HANNA	~
1	ée. W/	AS DECEASED EVER IN U.S. A				MAKY 7 INFORMANT	ADDRESS	BINSON ST.	3
D C	IAE	S, NO OR UNKNOWN) (IF YES. C	IVE WAR OR DATES)	273-20	-8415	MAF MARI	E OEHM COAYE	SINSON SI,	,)
		4360 Conditions, if any, which	SEĎ BY: ATE CAUSE (0)	OR AS A CONSEQUEN	Iva	ha pre	monia	APPROXIMATE INTER BETWEEN OMSET AND I	h
		gave rise to immediate cause Io), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)_	OR AS A CONSEQUEN		OT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 110.	
9	CERTIFICATION	96. DATE OF OPERATION	19b. CONI	DITION FOR WHICH O	PERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO	TH?
- 100		TO, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	¥	Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FAR		RIF. LOCATION STREET	CITY OR TOWN	COUNTY SI	STATE
SE 52		20. I certify that (1) (this has saw the deceased almost above, (1) (we transfer in it	- 11 -		L. ond	that in (my) Jour) opinion	3, to 2 6	hour and from the causes sto	
		The SIGNATURE	DO	SND	N DE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED	185
MPORTANT:		E + Inc	G QV 1	RaHer		BAC	TIMORE C	ity Hest	PITA
= 2		RIAL, CREMATION, REMOV	236. DATE	1-		METERY OR CREMATORY	23d LOCATION CITY OR TOWN		TATE
7	4. FUI	BURIAL JERAL DIRECTOR	1 7/1			15 OF FAIT	TE REC'D. BY REGISTRAR 25b. RE		Y10
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STATE OF MARYLAND

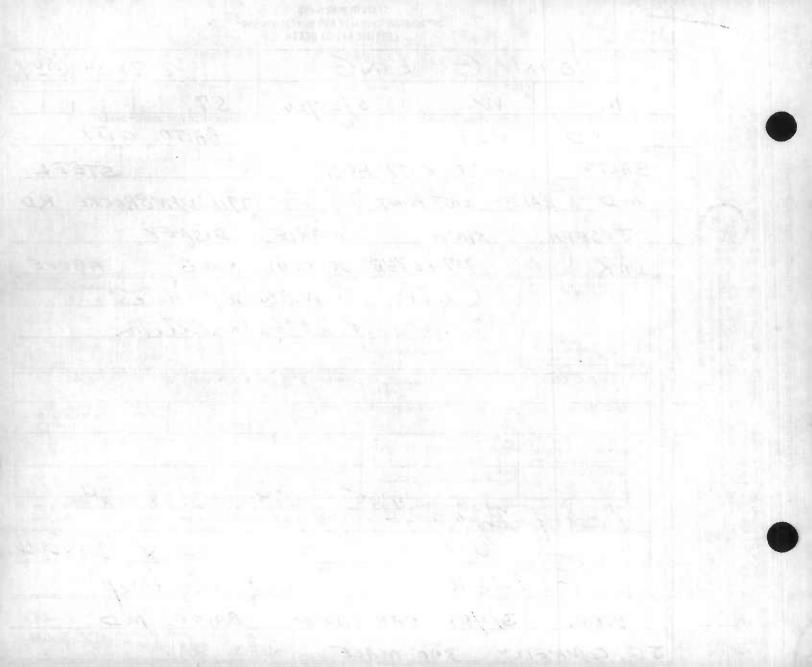


STATE OF MARYLAND

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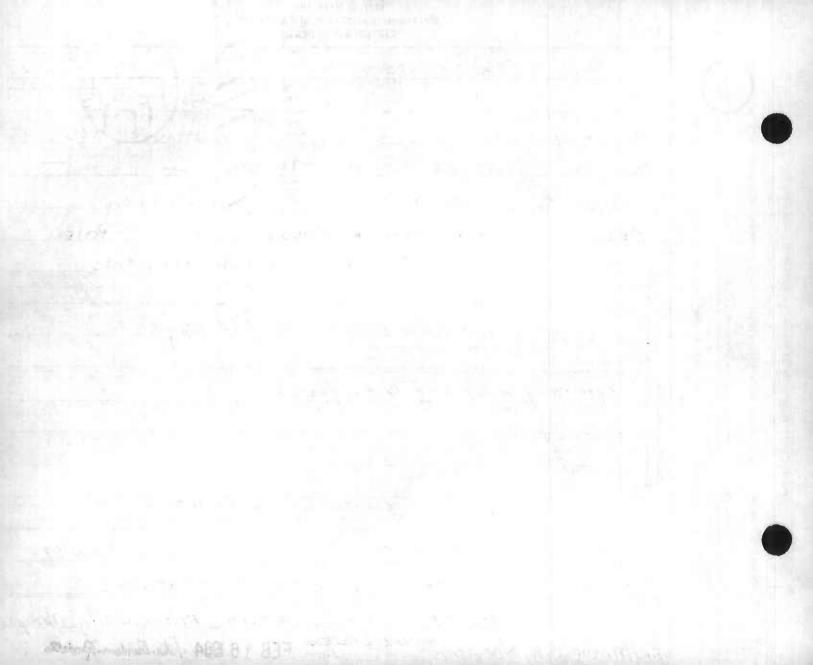
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1	FOR STATE REGISTRAR	DEP.	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 4 1	2 9
may be , page 3 ter death	1. DECEASED NAME (TYPE OR PRINT)	8HN G	KING	20. DATE OF DEATH	2 28 84 650 pm
ge 4 may ector, po iss ofter d	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 25/26	6. AGE TIN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir	TO, BIRTHPLACE (STATE OR COUNTRY)	D. USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH O. CITY MD.
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AND 213	130. STATE	136 COUNTY 136, CITY OR EAST	POINT YES NO DE	7911 W	NBROOKE R.B
MARYLA within molecular and market and molecular and molec	FATHER'S NAME FIRST JOSE	PH KING	MARIE	DISNI	EF LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysticion ord mightly lied in by opers. Poor large and dearlin wol. vs. the medical remaining by the	(YES, NO OR UNKNOWN)	The same of the same state of	SECURITY NO. 17. INFORMANT 2.7690 DOROTH	Y KING	ABOVE
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbanp urial, cremation, or remo	Conditions, if ony gove rise to improve (a), stational underlying cous	mediate ng the e lost. DUE TO, OR AS A CONS	EDIO FUIMOT EQUENCE OF SEEL	NANT AS Uforces	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 110
AL RECORDS The low required. The low required. The low sequired. The low sequired by the prior to the box sequired to the powe sequired.	19a. DATE OF OPERA		HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Ifter this certificate has been sig os the burial-tronsit permit. Then th and Mental Hygiene prior tab orked or them 18 shows any injury	OR CONTRIBUTING (IF ESTMER NOTIFY MED 21d. IN JURY OCCUP WHILE NOT W	CAUSE OF DEATH HOUR A.M. MONTH DICAL EXAMINER! P.M. RRED 21e. PLACE OF INJURY	1 DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJUR	
DR ATTENDI hospital or INRECTOR. A thed for use rept. of Heal	22a.1 certify that ()	(this hospital) attended the deceased for	19 July and that in (my) (our) opini DEGREE		the and hour and from the causes stated 22c. DATE SIGNED
HOSPITAL nined by th FUNERAL wild be dete th the Store	THE PHYSICIAN SA	GUTHEIL	ATTENDING PHYSICIAN 22e ADDRESS		Loop-
BPBP	230. BURIAL, CREMATION (SPECIFY) BURIA	3/3/84	231. NAME OF CEMETERY OR CREMATOR	BALTO	ME STATE
DHMH - 16 50M 4/82	24. FUNERAL DIRECTOR	ADDI	25a. I	DATE REC'D. BY REGISTRAN	HILLEGISTHAR'S SIGNATURE MANAGER



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	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	3	
1		CEASED NAME FIRST CHRISTINA	(B6) KIN	65 BOROV 614	20. DATE OF DEATH	MONTH DAY YEAR 2 12 84	26. HOUR 1044 A
	3. SE	×F	4 RACE	S DATE OF BIRTH MONTH DAY YEAR 10 74	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	HOURS MIN
nerol di n 72 ho		OUNTRY) NARY LAND	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	3-11	nore Cit	(4 A
s offer d	10 C	alt more	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY AGIVE STE	SING HOME OR OTHER INSTITUTION LEGY APPRESS) LEGY HOSPITALS	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS O
filled in nould be f	130 130	AL RESIDENCE (IF NURSING MEN)	INTY CITY, OR TO	FORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO []	01010 V	rkis ay	201
mpletely ond 2 sh	14. F.	KENNETH	MIDDLE KINGST	15 MOTHER'S MAIDEN PRINT		Poi	st EN
n and co Pages 1			RMED FORCES?	Baltimore	City Ho	spitals	
certificate ding physici orban paper or removal.		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), SED BY. ATE CAUSE (o) HYPERE. DUE TO, OR AS A CONSE	KALEMIA		APPROX BFTWEEN	OMSET AND DEATH
hot the death by the otten ose remove co st, cremotion, other troumc		Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost	DUE TO, OR AS A CONSEC	16 PREMATURITY	23 WETERS	SSTRITION	
signed hen pled to burio	Z		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1	0 '
n. nos been permit T ne prior ws ony in	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
PHYSICIAN. The ending physicio this certificate he buriol-transit, id Mental Hygie dor frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)	
ING PHYS r ottendin After this costhe bus th ond Me iorked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
ATTEND spitol o CTOR: V for use of Heo		sow the deceased alive a above (1) (we) (did) (did n	pitol) ottended the deceased from 2/12: 15	m 2/10/84 19 19 , ond that in (my) (our) opinio	on death occurred on the do	,	that (I) (we) los couses stated
to OR to Che to Che to Che to Che If Her		226. SIGNATURE	el a mettre	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		184
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the State IMPORTANT:			ORPRINT) A. MOZTOWI	27e. ADDRESS	ore cory b	HOSPITAZ	
BP	1	BURIAL, CREMATION, REMOVA SPECIAL SPECIAL OF THE PROPERTY OF T	23b. DATE 2/15/84	RANKIN SQUAREL	Hospin Bull	more City	MARULA
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR	Appress	THE ENSTERN TO	ATE REC'D. BY REGISTRAR		TURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
Ī		CEASED NAME FIRST		MIDDLE		AST		HTMOM	DAY YEAR	2b. HOUR
		ARTHU	R	A. K.	IRBY		FEBRUARY 1	7,198	34	7:45A M
	3. SE		4. RACE		5. DATE O	- 1 - 1 - 1	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	7	M	N	/		5-1899	84	YRS.		I MILE
4		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
		MARYLAND	U.	S.A.	WIDOW		Baltimore	City	,	MD.
7		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR
	n	-1+imoro		CONORDIA		ni+=1	GUARD	F WORKING LI	INDUSTRY SEC	UDITY
7	USUA	AL RESIDENCE (IF NURSING HOME OF		d General	ADMISSION))ILAI				21205
	13a. S	MD, 136 COUN		13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	POT	OMAC	ST.
T	14. F.A	THER'S NAME	MIDDLE .	LAST		15. MOTHER'S MAIDEN NA	4410-014		141	s.T
		ROBERT	KIR			CAT	THERINE S	3 P00	LWINE	
4		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	V. INFORMANT	ADDRE			21205
	(1	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	212.10.5	5518	Mrs. donice	Myers. 60	15 N	- Porm	nac St.
ŀ				P. A. A. A. A.	1		8		APPROX	MATE INTERVAL ONSET AND DEATH
Н		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D RV.			1 1 6			BETWEEN	ONSET AND DEATH
1		/// IMMEDIA	TE CAUSE (a) A	cute myoc	argia	al infarction				
1		9100	DUE TO, O	R AS A CONSEQUE	NCE OF					
1		Conditions, if ony, which	(b)_		A	SVD				
П		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF	(11-				
1		underlying cause last.	100010,0	K AS A CONSEQUE	ITCE OF	LHF				
4		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	IVEN IN PART 1	(a)
	Z								•	
4	IFICATION	190 DATE OF OPERATION	TISK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
1	FIC	DATE OF OTENTION	1						IFYING CAUSES	
4	CERTI		7 101 71145	NE IN LID ID		Tal. How Milley occurs	YES NO		ES 🗌	ио 🗌
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LICITO A	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	IY IN ITEM 18	PART 1 OR PART 2)	
4	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		Μ.	19					5 5 5
-	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	A.D. 4. 57.C. \	21f LOCATION	CITY OR TO	WN	COUNTY	STATE
1	Σ	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, PACTORY, OFFICE, PA	ARM, EIC J					
4		220.1 certify that (1) (this hasp	ital) attended th	se deceased from		19 81	10 BC+	dan.	19 85	that) (we) fast
4		saw the deceased alive on	B.C.A.	18 19	83.0	nd that in (my) (our) apınian	death accurred an the de	ate and ha		
П		abave, (I) (we) (did) (did no	it) view the bady	after death.		DEGREE			22c DATE	
1		THE STORESTORE	1	+		ATTENDING	MEDICAL STAI	FF	7 /	C D1
4		Collect	Julier	w, und	4	PHYSICIAN I	DIRECTOR PHYSIC	IAN 🗌	12-1	8-84
1		22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS				
		Robert Lil	perto, M	.D.		827 Linden	Avenue 2	21201		
7	23o. 8	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d LOCATION			
		BURIAL	2-20	1-84 B	ALTI	MORE CEM	CITY OF TOWN	ro. 1	COUNTY	STATE
1	74 61	MERAL DIRECTOR	1 7 0 0	, ,			0.1-	251 DEALIS	THAR'S SIGNA	
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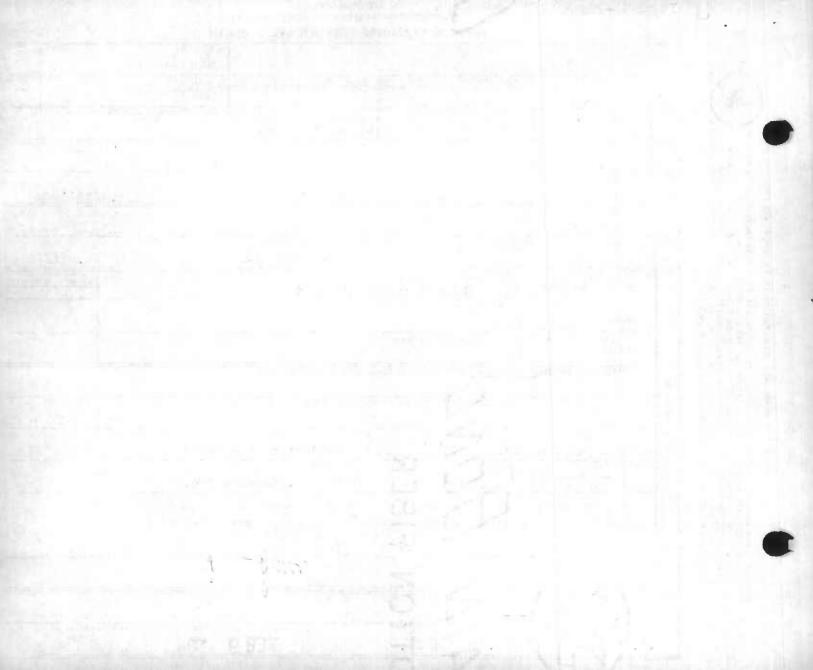
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LOVER MICHOLOGICAL SECTION

Anthony F. Kirk 3. SEX 4 RACE 5 DATE OF BIRTH MONTH DAY 7 9 57 6. AGE (IN YEARS LAST BIRTHDAY) MALE BLACK 7 9 57 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATNE US 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BALTIMORE 12. WIDOWED 13. STATE 13. STATE 13. COUNTY 13. STATE 13. COUNTY MARY LAND 14. FATHER'S NAME FIRST ANTHONY MIDDLE LAST MIDDLE LAST MIDDLE LAST MIDDLE LAST MIDDLE MISTOR (IN YEARS) MIDDLE LAST MIDDLE MIDDLE MISTOR (IN SUCH FACILITY, ONE STREET ADDRESS) 15. MOTHER'S MAIDEN NAME FIRST MODLORES 16. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. WINDER 1 YR. IF UNDER 24 HRS. WINDWER DAYS HOURS MIN. 9 BALTIMOR 7 BALTIMOR PRONOUNCE PRONOUNCE PRONOUNCE PRONOUNCE 10. BIRTHPLACE (STATE OR MIN.) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPAT FOR MOST OF WORKING DRIVER 13. USUAL OCCUPAT FOR MOST OF WORKING PROVIDENCE 13. STATE 13. CITY OR TOWN BALTIMORE 13. MOTHER'S MAIDEN NAME FIRST ANTHONY KIRK DOLORES 16. SOCIAL SECURITY NO. 17. INFORMANT ANTHONY MIDDLE MODLORES 10. AGE (IN YEARS) MOTHER'S MAIDEN MIDDLE MODLORES 10. AGE (IN YEARS) MODLORES	MONTH DAY YEAR 2-1 1984 RECITY OR COUNTY OF DEATH LINOTE CITY, TION (TYPE OF WORK 126 KIND OF BIOR INDUST OR INDUST RMAN AVE. 21215
Anthony F. Kirk OFF EDEATH MANDE STATE OF BIRTH AMONITY OF STATE OF BIRTH DAY AND THE COUNTRY? Anthony F. 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE DEATH MANDER DEATH MANDER DEATH MANDER DEAD AND THE COUNTRY OF DEATH OF WHAT COUNTRY? 8. MARRIED DAYS HOURS MIN. PRONOUNCE DEAD AND THE COUNTRY OF DEATH OF WHAT COUNTRY? 8. MARRIED DAYS HOURS MIN. PRONOUNCE DEAD ANTHONY MAINE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF BALTIMORE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OF MAINE DEAD DEAD AND THE COUNTRY OF DEATH OF WHAT COUNTRY ONE RESIDENCE (IF IN NURSING HOME OR OTHER RISTITUTION, ONE RESIDENCE REFORE ADMISSION) I 136. INSIDE (ITY LIMITS? YEXXX NO 3833 BOAK ANTHONY KIRK DOLORES 136. MOTHER'S MAIDEN NAME FIRST NOW I 16F VES, ONC. OR UNKNOWN) (IF VES, ONC. OR	2-1 19 84 ED 2-1 19 84 RECITY OR COUNTY OF DEATH LINOTE CITY, TION (TYPE OF WORK 12b KIND OF BIOR INDUST RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
3. SEX 4. RACE S. DATE OF BIRTH YEAR 6. AGE [IPYEARS IF UNDER 1 YR. IF UNDER 24 HRS.] PRONOUNCE PRONOUNCE DEAD	MONTH DAY YEAR 2-1 1984 RECITY OR COUNTY OF DEATH LINOTE CITY, TION (TYPE OF WORK 12b KIND OF BIOR INDUST RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21 APPROXIMA
MALE BLACK 79 57 26 YRS. PRONOUNCE DEAD PRO	RECITY OR COUNTY OF DEATH LINOTE CITY, TION (TYPE OF WORK 12b KIND OF BIOCHE) RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
The CITIZEN OF WHAT COUNTRY? S. MARRIED NEVER MARRIED	TION (TYPE OF WORK 12b KIND OF BIGG LIFE) RMAN AVE. 21215 BUSH ADDRESS BOARMAN AVE. 21
MARNED DISTRICT NOTES AND DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	TINOTE CITY, TION (TYPE OF WORK 12b KIND OF BIOCHE) RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GWE STREET ADDRESS) 12. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE BEFORE ADMISSION) 13. STATE MARY LAND 13. COUNTY 13. INSIDE (ITY LIMITS? YEXXX NO IN 38.33 BOAR 15. MOTHER'S MAIDEN NAME FIRST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse lost. CONSTITUTED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO OBETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	TION (TYPEOF WORK 12b KIND OF BIOR INDUSTING LIFE) RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
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136. CITY OR TOWN BALTIMORE 136. INSIDE CITY LIMITS? 136. STREET ADDRESS SARRY LAND 136. CITY OR TOWN BALTIMORE 136. INSIDE CITY LIMITS? 138. STREET ADDRESS 3833 BOAR 15. MOTHER'S MAIDEN NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST 15. MOTHER'S MAIDEN NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DUBLICATION 19. CAUSE (b) 19. CAUSE (c) 19. CAUSE (c) 19. CAUSE OR CONSEQUENCE OF 19. CAUSE (c)	RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
MARYLAND BALTIMORE YEXEX NO 3833 BOAR 14. FATHER'S NAME FIRST ANTHONY KIRK DOLORES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	RMAN AVE. 21215 DIE BUSH ADDRESS BOARMAN AVE. 21
ANTHONY If a was deceased ever in u.s. armed forces? (YES, NO, OR UNKNOWN) NO If yes, give war or dates) It cause of death (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate couse (a) stoting the underlying couse lost. Part 2 Other significant conditions Contributing to death but not related to the terminal disease or condition given in Part 1 (a).	BUSH ADDRESS BOARMAN AVE. 21
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gave rise to immediate couse (a) stating the <u>under-lying couse lost.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	APPROXIMA.
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gave rise to immediate couse (a) stating the under- lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
gave rise to immediate couse (a) stating the under- lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1 - 400/3
couse (a) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
Lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
I = I	20 AUTOPSY
	YES XX
216. EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH, DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY HOUR A.M. MONTH, DAY YEAR	Y IN ITEM 18 PART 1 OR PART 2)
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:00 P.M. 2/1/ 1984 Subject shot himself 21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FABM, ETC.) STREET, FACTORY, FABM, ETC.) STREET, FACTORY, FABM, ETC.) STREET, FACTORY, FABM, ETC.)	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
WHILE AT WORK AT WORK Street Street 4900 blk. Denmore Ave.	COUNTY
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	, and in my opinion
	ier .
ACTUAL AC	DATE 2 3
HONATURE MEDICAL EXAMINI	VER SIGNED 2-1-
EXAMINER'S NAME DONNIG E CONTIN M.D. 111 Donn Chr.	
(TYPE OR PRINT) Delitits r. Siny (II, M.D. ADDRESS III Pelli Stre	
230. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY CONTROL CON	
BURIAL 2-3-84 KING MEMORIAI BALTIMORE	reet

20M 4/82



	_ FOR		DEDART	STATE OF MARYLAND	DVCIENT (2) 2 1 4	
	- STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH	REG. NO.	4
m.e	1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9.0		TACOB	K.	KTRN	MB3. 2.	1984 33 AM
	3. SEX	4. RACE	Self Te	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
no	Male	Whit	e	Nov. 25,1918	_65 YRS.	MONTHS DATS HOURS MIN.
か	70. BIRTHPLACE (STATE ORFOR Maryland	76. CITIZEN OF	· A .	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CITY	
111	10 CITY OR TOWN OF DEATH			G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
4	BALTIMORE	A contract of	TON MEMOR	TAL HOSPITAL	Salesman	FE) INDUSTRY
5	USUAL RESIDENCE (IF NURSING		N. GIVE RESIDENCE BEFORE		3216 Hooper	Rd. 2/1776
1	14. FATHER'S NAME	0.000		15. MOTHER'S MAIDEN	NAME	2141
1	Ferdinan	d MIDDLE	Kirn	Mareu	erite Ruth	Hillsinger
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?			ADDRESS	111111111011
1	(YES, NO OR UNKNOWN)	WW 2	217-07-	3854 Carolyn	K. Jackson, Sam	e As #13
	18 CAUSE OF DEATH	Enter only one couse of	er line for (a) (b) on	die		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	S CAUSED BY:	CARDIU	PULMOWARY ARE	0.55-	
ě.	11.11.17	AMEDIATE CAUSE (o)_	Crionicia	7 10		
	7140		OR AS A CONSEQUE	NCE OF		
	Conditions, if any, w					
1	couse (a), stating	the DUE TO,	OR AS A CONSEQUE	NCE OF		
	underlying couse	lost.				
		ICANT CONDITIONS	CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV	VEN IN PART ITO
	6 HYPERNO	ZPURUMA	. Awas	EXPLUT. ASEL	TES CHE CA	D,
5	190 DATE OF OPERATION	ON 196. CON	DITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	E					S NO
ī	21a. ACCIDENT WAS UNDER		OF INJURY	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PARI 1 OR PART 2)
1	OR CONTRIBUTING CAL	USE OF DEATH	A.M. MONTH DA	AY YEAR		
	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURREN		E OF INJURY	211 LOCATION		
	WHILE NOT WHILE	LAT HOME S	TREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK			1		4.
	220 I certify that (1) (ti	-	the deceased from_		84 . 10 FIERSUARY 3-	
	naw the deceased	olive on FEB	ly ofter death.	ond that in (my) (our) opin	nion death occurred on the date and hou	or and from the couses stated
	22h SJGNATURE	111		DEGREE		224. DATE SIGNED
	11/ =	11.1		ATTENDIN	MEDICAL STAFF	2/2/84
	22d PHYSICIAN'S NAM	NE COURS ON PROPER		PHYSICIA	N DIRECTOR PHISICIAND	010101
	Other	14.			./	
	JOHN	HART	M,D.	VIVION .	monagae Hospime	
	230 BURIAL, CREMATION, RE	MOVAL 236. DATE		AME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
	Crematic	on 2-2-	1984 Se	curity Proces	s Catonsville	
(00	24 FUNERAL DIRECTOR		0	250.	DATE REC'D. BY REGISTRAD TO REGIST	TRAR'S SIGNATURE
4/83	RNAME . I	Jan Slow	DDREAS	will and F	FBO 64094 July	2. Capiel

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- STATE

(TYPE OR PRINT)

I. DECEASED NAME

REGISTRAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (and opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL
PHYSICIAN DIRECTOR PHYSICIAN Burial COUNTY Maryland Moreland Park Baltimore BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE delle 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS (VRA 15, 4) Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

7h HOUR

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IF UNDER I YEAR

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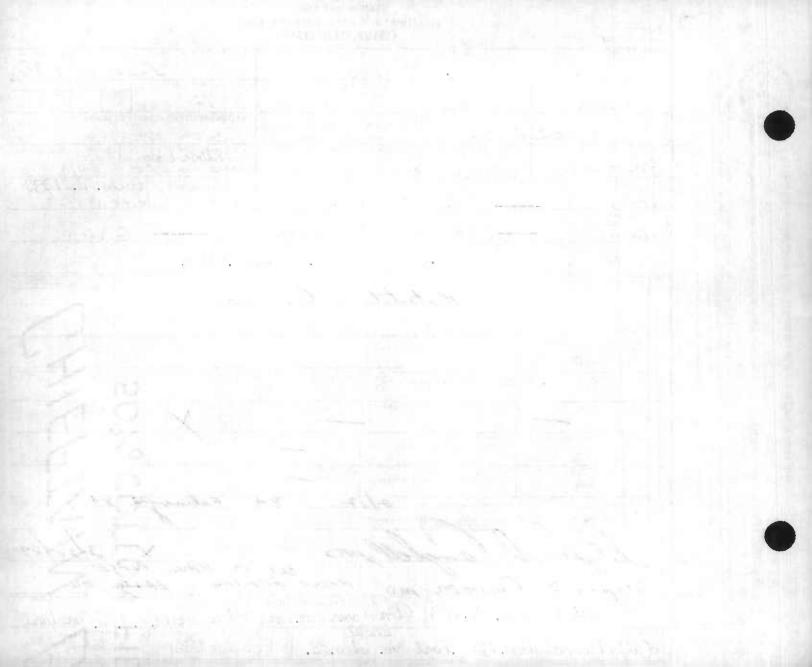
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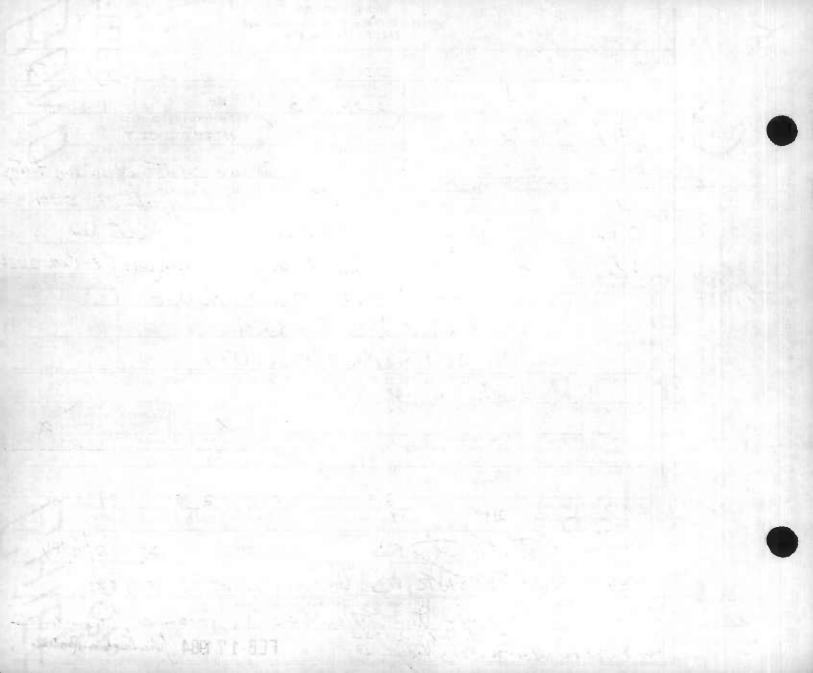
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Leonard J. mc , t.c. Jack Parcord PA. 21214



6	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTALHY CERTIFICATE OF DEATH		3/
9	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e e e		OR PRINT) MARY	c.	KLINGMEYER	2 /	10 84 1105A.
noy be page 3	3. SE		14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 m	1	Demale	Thete	12-21-1903	/ 80 YRS	MONTHS DAYS HOURS MIN.
E (TEA SA)	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED ANEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
8 1104		Rd.	U.J.A.	WIDOWED DIVORCED DIVORCED DIVORCED		MD.
of the state of th	10	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE UNION MEMORI	ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE DE RCAME OPERATOR	126. KIND OF BUSINESS OR Confusion Factor
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orkin	14 50	HHER'S NAME	MIDDLE OL LAST	15 MOTHER'S MAIDEN N	IAME MIDDLE	0 - 1 -
WAR Sed AND		Tellion	Glingme	yer Tala	4	takes
BALTIMORE, one be execut sistion and ppers. Page vol.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE	EURITY NO. 17 INFORMANT	ADDRESS ADDRESS	1 6+ Batts 2436
BALTIII reate be hysician sopers. F avol.		18 CAUSE OF DEATH (Enter of	inly one couse per line for (o), (b),	ondyci. O Su	De Color	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BA		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (b) 944 PAKE	Menua, acidosis	Kypotersion	
		0090	DUE TO, OR AS A CONSEC	DUENCE OF 1	La	
PRESTON ne death c emove cortin mation, or rtroumotic		Conditions, if ony, which gove rise to immediate	(1b) Inser	lod boute, D	N	
by the ose re		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	orlital abscess	, (07)	
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9 6 4 9 9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERTIE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO } \text{\text{\text{M}}} \)
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/ISION	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	OWOTRO YII)	COUNTY STATE
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E = 2 0 4 5		sow the secentral alive o	n 2 0 19 ot) view the bady ofter death.	, and that in (my) (our) apinio	n death occurred on the date and hou	or and from the causes stated
OR AT he hosp DIRECT Tooched f s Dept. o		222 SIGNATURE	JI /0,000	DEGREE ATTENDING	MEDICAL STAFF	210/84
HOSPITAL ined by the FUNERAL I uid be deto the the Store CERTAL	1	EN PHASICIAN'S NAME WH	CHEMINIS L	PHYSICIAN 22e. ADDRESS •	DIRECTOR PHYSICIAN	19/10/07
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ВР	1 /	BURIAL, CREMATION, REMOVA	236. DATE 23 2-13-1954 h	en Cathedral Com.	23d LOCATION GIY OR TOWN.	COUNTY
DHMH - 16 50M 4/83 (VRA 15, 4)	24/	UNERAL DIRECTOR	la du goi the		ATE REC'D. BY REGISTRAR 251 REGIST	BAR'S SIGNATURE



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(VRA 15, 4)

STATE OF MARYLAND

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Mitchell-Wiedefeld Home, Inc. Balto. Md.21212

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5	1-	FOR STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAPHYG CATE OF DEATH	tene 2/1/4	1/02	i
1 00	(TYPE	EASED NAME FIRST ELVIEN	MIDDLE	250	KNIGHT	26 DATE OF DEATH	7/98	34°0
Age of	3. SEX	FEMALE	CANCASIA		27 98	9 BALTIMORE CITY O	YRS. FUNDER 1 Y	HOURS MA
unero	C	OUNTRY) SA	NAME OF HOSPITAL,	WIDOWE		120. USUAL OCCUPATION	ity	ID OF BUSINESS C
ours ofte	บรับ	BAIT IL RESIDENCE (IF NURSING HOME OR OTH	IF AS IN SUCH EACHTY, GIVE INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	ORD	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	HING FIR
hould hould	13a S	THER'S NAME	13c. CIT 80	ALT	13d. INSIDE CITY LIMITS? YES NO 1		218 Delle	2 av
ecuted w		'AS DECEASED EVER IN U.S. ARMEE			17 INFORMANT O	LLA ANNE FAMIL SODRE	MENTEL ECORDS B	LAST
siction and pers. Pages ol.	()	ES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only o	214 - Cone couse per line for (o),	5-3649 (b), and (c).)	(150	ntregg	, -au	ROXIMATE INTERVALLED ONSET AND DEAT
h certifica ding phy orbonpo or remov		PART I. DEATH WAS CAUSED BY IMMEDIATE C		SEQUENCE OF	nest	<u>., , , , , , , , , , , , , , , , , , , </u>		
by the ottend by the ottend se remove co , cremotion, other troumo		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b) DUE TO, OR AS A CON					
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he low reion. Thos been to permit iene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
SICIAN: T ng physici certificate uriol-transi entel Hygi them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
ING PHY	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR 10	wn county	_
TEND toloo		22a.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	2/14	19 04, on	that in (my) (our) opinion	death occurred on the de		the couses stated
ATA tospi ed fo or, of								ATE SIGNED
by the hospine BRAL DIRECTO de detoched foo State Dept. of ANT: If Item 2		226 SIGNAL PRE COLOR	neggi	,	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAF		14
O HOSPITAL OI etoined by the CO FUNERAL DI thould be detock with the State De MPORTANT: If It	73e B	224 PHYSICIANS SHAME TIVE CHIPM	Tople	1 1234 NAME OF CE	PHYSICIAN [14 p

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STATE OF MARYLAND

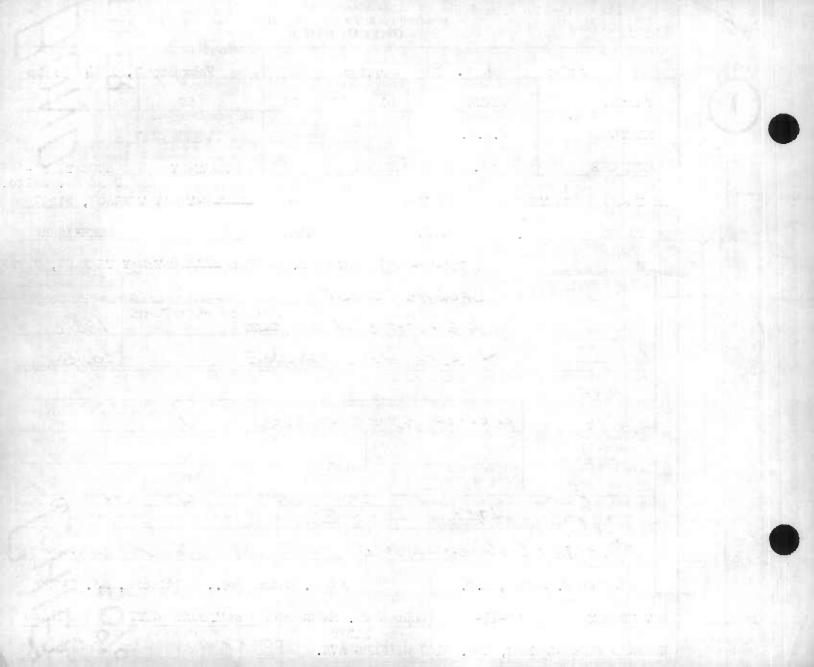
DEPARTMENT OF HEALTH AND MENJAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MUDDLE LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 2 14 84 ROBERT KNIGHT JR 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MALE WHITE 12 15 68 9. BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City US.A. Maryland WIDOWED DIVORCED [] NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR Steel Ship Yard (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore St. Agnes Hospital Machinist USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Maryland Baltimore Oaklee Village Arbutus Apt. #161 NO X 15 MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE C MIDDLE Robert White Knight, Sr Lillian 16b. SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HE YES GIVE WAR OR DATEST 217-03-2998 June M. Horst 5807 Woodbine Rd. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY lis Aclemo Carris DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES [NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a | certify that (1) (this bospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not see the bady after death 226. SIGNATURE 12c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OR PRINT 22e. ADDRESS OSEPH St. Agnes Hospital 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Howard Elkridge 2/16/84 Meadowridge Mem. Pk. Maryland Buria1 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

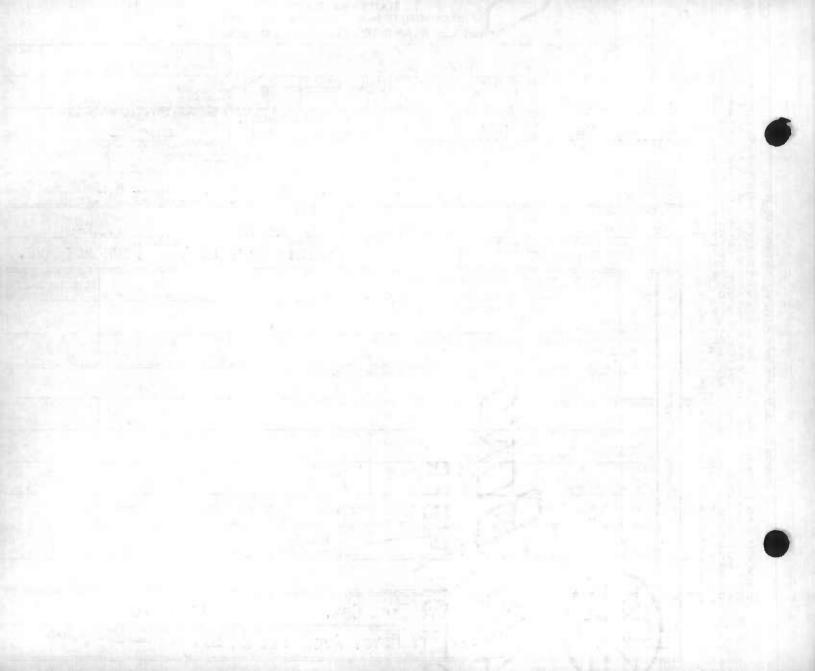
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DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN 🔀 DECEASED NAME 20. DATE 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-Stanley 2/21/8419 Knox 4. RACE DAY 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 26 HOUR 19 DATE PRONOUNCED DEAD 2/21/84 PM BLACK . BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City BALTO WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION UNEMP . Baltimore Sinai Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATEND 115 PENHURST 13d. NOIDE CITY LIMITS? 2. A. 3. P. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST PARKER ELIZABETH STANLEY KNOX ED AS A BURIAL TRANSIT PERMIT PAGES IN HEALTH AND MENTAL HYGIENE, DIVISION OF L. CREMATION, OR REMOVAL. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 4115 PENHURST AVE. DANIELS (YES, NON OWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound to head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A I THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES X NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AN MONTH DAY OR UNDERLYING 18:39 P.M. 2/21/84. subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21L LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.5 AFTER DEATH, WITH THE STATE DEF BALTWORE, MARYLAND, 21201 PE STREET, FACTORY, FARM, ETC.1 Gwynn Oak & 4700 Blk. Haddon Ave., Balto., Md. NOT WHILE AT WORK Street AT WORK Autopsy X 220 I certify that La ok charge of the remains described above, held on Inspection ond in my opinion Hamicide X Undetermined manner TITLE (SPECIFY) SIGNED 2/22/84 M Deputy ChiefMEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 23d. LOCATION CHY OF ALTO 231. NAME OF CEMETERY OR CREMATORY STATE BURIAL CEM. LION BP 24 FUNERAL DIRECTOR 256, REGISTRAP'S SIGNATURE DYETT 4600 TIBERTY HGTS. AVE. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



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DHMH - 16 50M 1/B1 (VRA 15, 4)

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1.05	REGISTRAR			CERTIFICATE OF DEATH				NO.		
	CEASED NAME	FIRST	N	AIDDLE	LA	ST	20 DATE OF DEATH		DAY YEAR	26 HOUR
		FRANK		P		TSKY	FEBRU		1 1984	2:10 4
3. SEX	× 1-	4.1	RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST	DIRTHDAY)	MONTHS DAYS	IE UNDER 24 HE HOURS MI
1	11416		WHI	TE	8	15 1906	//	YRS		
/a. Bii	RTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
10.0	ITY OR TOWN OF	DEATH 11	NAME OF H	OSPITAL NILIPSING	WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPA	URE	0117	F BUSINESS
1	BAITI	MORE	MO. C	HARIES	DDRESS)	NERAL	(TYPE OF WORK FOR MOS	TOE WORKING		BUSINESS
13a. S	1D.	13b COUNTY		GIVE RESIDENCE BEFORE A BATIP		13d. INSIDE CITY LIMITS? YES NO [130 STREET ADDRESS	000	THEIT	31.
I4 FA	ATHER'S NAME	MID	DLE	LAST.	11	15. MOTHER'S MAIDEN NA	ME		145	
	JOH	N KO	DET.	5KY		ElIZAB	ETH PE	HZI	K	- 37
	VAS DECEASED EV			213 09	1862	MARIE KA	DETSKY	RESS 331	O O'DONI	NE //
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), approximate initial services on ser and									
	PART I. DEATH	I WAS CAUSED B	SY	UETAS TATI		SEASE TO R	BRAIN & L.	11165	BETWEEN	INSET AND DEA
	197	IMMEDIATE C				JEAN TO A	14/0	ares	1 74	
	Conditions, if o	nv which	DUE TO, OR	CHORD		OF SPINA	AL CORD			
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF						100,0			
	underlying couse lost.						- Don			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
NO N		URIN				CTION				
CERTIFICATION	19a. DATE OF OPE			7		WAS PERFORMED	20a AUTOPSY?	IN CERT	'ES, WERE FINDIN TIFYING CAUSES I YES []	GS USED OF DEATH?
ER	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCUR				NO []
EDICAL (OR CONTRIBUTING		HOUR A.A	M. MONTH DA	Y YEAR					
5	21d INJURY OCC		21e. PLACE C	OF INJURY		21f. LOCATION				
			(AT HOME, STRE	EET, FACTORY, OFFICE FA	RM, ETC.)	STREET	CITY OR	IOWN	COUNTY	STATE
WED	WHILE NOT	WHILE								
MED	WHILE NOT AT 220.1 certify that	WORK	attended the	deceased fram	JAU	17 19 84	Z 10 FE6	3 - /	19 84 1	hot (l) (we)
MED	270.1 certify that	(I) (this hospital)	FEB.	/ 19	-		, 10		, . , , .	
MED	270.1 certify that	(1) (this haspital)	FEB.	/ 19	84, one	d that in (my) (our) opinion	, 10		, . , , .	ouses stoted
MED	220.1 certify that sow the dece abave, (1) (we 22b. SIGNATURE	(I) (this hospital)	FEB.	ofter death.	8-4 , one	that in (my) (our) opinion EGREE ATTENDING	deoth occurred on the	dote and he	our and from the c	
W	220.1 certify that sow the dece abave, (1) (we 22b. SIGNATURE	(I) (this hospital) cosed olive on c) (did) (did not) vi	FEB.	ofter death.	8-4 , one	that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL ST	AFF	22c. DATES	ouses stated SIGNED 84
W	270. I certify that sow the dece above, (I) (we 27b. SIGNATURE 27d. PHYSICIAN'S	(I) (this hospital) cosed olive on c) (did) (did not) vi	FEB.	ofter death.	8-4 , one	that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL ST	AFF	22c. DATES	ouses stoted
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THE CHILDREN SEE STATE OF THE S WE THEN THE THE STANDARD ROLL OF STANDARD STANDA Carried Sandard Carried Association Control requires that the death certificate be executed within 24 hours

er this certificate has been signed by the ottending physician the burial-transit permit. Then please remave carbon papers. P and Mental Hygiene priar to burial, cremation, ar removal.

TO FUNERAL DIRECTOR After

DHMH - 16 50M 4/83 (VRA 15, 4)

injury, or other troumatic event.

FOR STATE REGISTRAR

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

MIDDLE

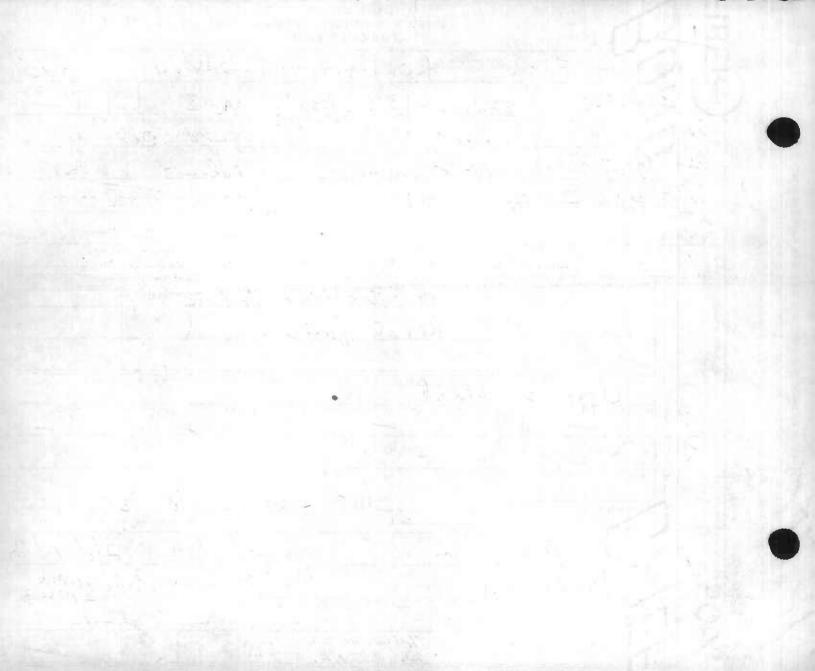
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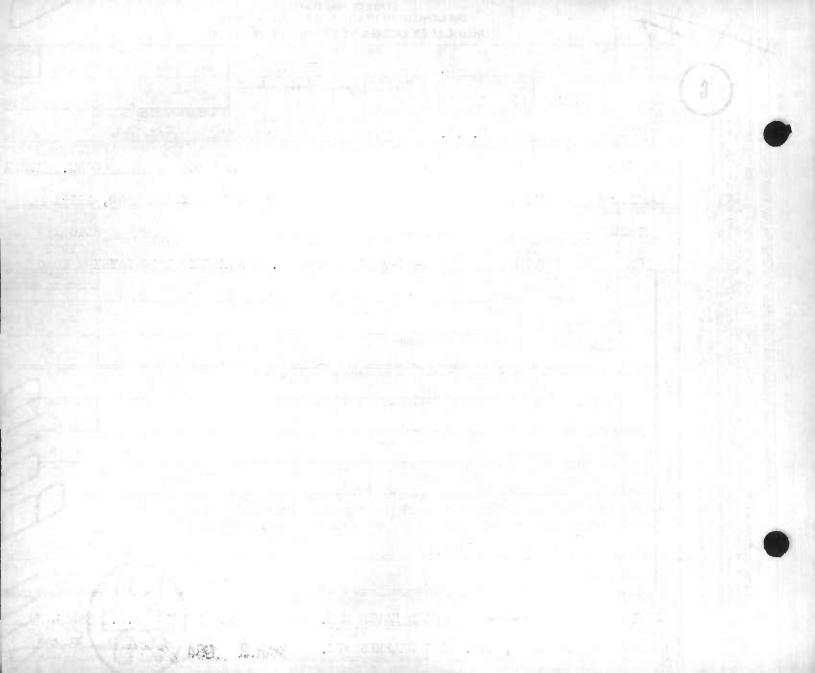
2b. HOUR

MONTH

4	Tena (aka	Antonia) R. H	Kolodziejski	L	2 28	84	м
Ì	1. 5EX	4. RACE	5. DATE OF BIRTH		ARS LAST BIRTHDAY) IF UN		DER 24 HRS
J	female	white	"3" 1°3	95	88 YRS.	HS DAYS HOURS	MIN.
1	IN. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	DIED	ECITY OR COUNTY OF		
	Czechoslovakia	U.S.A.		RCED Bal	timore Cit	у	MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSIN 600 Jeffrey	ST. 21225	TION 120 USUAL O		2b. KIND OF BUSI NDUSTRY	NESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE Md. 136 COUL	NOTHER INSTITUTION GIVE RESIDENCE BEFORE NETY OR TOW BALTIMO	N 13d. INSIDE CITY	LIMITS? 138.STREET A	DDRESS / ZIP CODE Jeffrey St	. 212	25
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S M.		WIDDIE	LAST	
1	Joseph	Baburek		Anna		Hemmr	
٦	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU			ADDRESS	407)	
1	no	220 09	2474 Ernes	t Rogalski	(same as	13E)	
Ī	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b) on	d (c).)	A	I.	APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH_
ı		TE CAUSE (o)	AL WORK!	VI.	1		
ı	4100	DUE TO, OR AS A CONSEQUE	ENCE OF	I. / \ \ c	h V.		
ł	Conditions, if any, which gove rise to immediate	(b) (L)	ve Minor	my un	mym		
ı	couse (o), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF	nondallast	1.111	26.5	00
ı	underlying couse lost	(a) (a)	my un	MALW CUS	my 1	(A	W
1		CONDITIONS CONTRIBUTING TO	· V.	THE PERMINAL DISEASE	OR CONTINON GIVEN I	N HART TIO	21/11
	Q JAME OF OPERATION	196 CONDITION FOR WHICH		ED 280 AUTO	VIAM S W	RE FINDINGS US	SED
ı	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		/	VES [7]		G CAUSES OF DE	ATH?
H	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	ZIL HOW INJUS	RY OCCURRED SMIR MAIN	to the same of the		
١		HOUR A.M. MONTH DA	AY YEAR				
ı	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION				
ł	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, F	FARM, ETC)	12	n In	La. D	STATE
1		ital) attended the deceased from	2119	19_81_10_	1 way is	, that (I	(we) last
ı	sow the deceased alive or	ot) view the body after death.	ond that in (my) (ou	or) opinion death occurred	on the date and hour and	d from the couses	stoted
1	77% SIGNATURE	a la sa	DEGREE	. /		22c. DAJE SIGNE	911
J	WWK MILL	willer		ENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN	2/28/	104
П	224. PHYSICIAN'S NAME (TYPE	OR PRINT) V	22e ADDRESS	1-11/24	11.1	14 11	,
	MICK N.	MWW (309)	1/V/ 127	Homery	Kr. 10-0	2, IVIN	
Í	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CRE	MATORY IM LOCAL		Υ ^{νίν} Α.	sWd.
	burial		oly Cross C		The second secon		
	24 FUNERAL DIRECTOR	4001 Ritch ace Baltimore	ie Hwy. Md. 21225	MAR 11	GISTRAR 25H REGISTRAR	Y CLUBY - POR	Latte
	deorge a. dor	ice par ermore	mu. Like)	tanna T.			







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V	1	FOR STATE REGISTRAR			DEPARTMENT O	FHEALTI			TH REG. N				
Car		CEASED NAME PE OR PRINT)	Joset	oh Edw a	andi		Kowanchik	2	OF ESTI- DEATH MATED [3 MONTH D	1984	26. HOUF	
N STREE	3 SE		White	5 DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRT 72	YEARS IF UI HDAY) MON' YRS.			PRONOUNCED DE AD	2 2	1984	6:451	
NECESSAR' FUNERAL DI 5 FOR YOU WITHIN 73	5 p	IRTHPLACE (STATI		76. CITIZEN OF W		8. MARE	RIED NEVER MAR	RRIED	Baltimore city		F DEATH	M	
AD. 21201 2, AND 3 TO THE FU. 3, RETAIN PAGE 5 2 SHOULD BE FILED, VALECORDS, 20 IW	10.0	ITY OR TOWN OF Baltim	DEATH	TH 11. NAME OF HOSPITAL, NURSING		G HOME, OR OTHER INSTITUTION 124. US			USUAL OCCUPATION TTYPE OF WORK 126 KIND O		OR INDUSTR	OF BUSINESS OUSTRY	
ANY DE AND 3 TRETAIN POULD B	5 USU	ALRESIDENCE (# STATE aryland	1136 COUN		13c. CITY OR TOWN Baltime	1	13d INSIDE CITY LIMITS? YES TO DO		et address 1 Walthe	er Ave	200 Apt	. 2D	
ORE, MD. DEATH. IF	1//	ATHER'S NAME FIRST		MIDDLE K	owanchik		15 MOTHER'S MAI FIRST Susan		WIDDIE		alsaj		
BALTIMORI JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AN DIVISION OF		WAS DECEASED E YES, NO. OR UNKNOWN NO		MED FORCES? WAR OR DATES)	335-03-2		George	Kowar	addres nchik 661	S Apt	. 2D ther	Ave.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 SCRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RET SHOULD BE USED AS A BURIAL "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD TE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	z	Conditions, gave rise cause (a) str lying cause	of ony, which to immediate ating the under- last.	TE CAUSE (o) Ar DUE TO, OF (b) DUE TO, OF	TETIOSCLER R AS A CONSEQUENCE R AS A CONSEQUENCE BUT NOT RELATED TO THE T	E OF			ilsease				
VITAL RECO SHOULD BE ORD "PEND CHIEF MED E USED AS / T OF HEALTI	MEDICAL CERTIFICATION	19a DATE OF O	PERATION	196 COND	ITION FOR WHICH OF	PERATION	WAS PERFORMED?				O AUTOPSY	? NO [X	
S CERTIFICATE SHOWING THE CAPE THE CAPE TO THE CHEST SHOULD BE UP EPPARTMENT OF UP RESTANDED TO THE CAPE TO SHE THE CAPE	CALCER	216 EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.A	M. MONTH DAY YI M. 19	AR	HOW INJURY OCCUR	RED (ENTERN	IATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)			
DIVIS THIS CER', WRITIN WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE [AT WORK		OF INJURY (AT HOME CTORY, FARM, ETC.)	711. LC	STREET		CITY OR TOWN	COUNTY		STATE	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WHO PAGE 4 SHOULD BE PORWAR TO FUNERAL DIRECTOR: PAGA FTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120.	7	22a I certify , death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT	ME Mar	nte M	Accident [], Corell, M	Suicide	Hamicide TITLE (SPECIFY) ASSISTANT	Undete	CAL EXAMINER	DATE SIGNED_Balto,	2/3/84	4	
88-7-7-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-		BURIAL, CREMATIC (SPECIFY)	ON, REMOVAL	236 DATE 2-6-84	St. Ma	TVIS	Remetery Byzantir	23d. LOC CITY O W 3	CATION DRITOWN Lndber S	county		ate	
DHMH - 17 (VR A15 ME (5)		NAME ASSAHN		L HOME	7401 Balto.	Belai , Md	r Rd FEB	1°4°19		widson-A	andell	•	

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		STATE OF N DEPARTMENT OF HEALTH	MARYLAND	0415	5 2	
70	1-		TE OF DEATH	REG. NO.		
me		EASED NAME MICHAEL JOSEPH KRE	100150			2b. HOUR
	3. SEX	4. RACE 5. DATE OF BIRT		AGE (IN YEARS LAST BIRTHE		IF UNDER 24 HRS
1	X	hale Caucasia, MONIH	24 10	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	YRS.	7.00.0
35	C	DUNIBY) D 16 OR FOREIGN 17b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED WIDOWED	DIVORCED [Balt,		MD.
3	0 CI	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY GIVE SPEET ADDRESS) South Baltimore	Gen HOSP	124 USUAL OCCUPATION	DOP DUSTRY	BUSINESS OR
35	USUA 130. S	YES YES	S NO X		RVIEW Rd 2	1225
1	4. FA	Michael "Thomas kreiner	MOTHER'S MAIDEN NAM	1 Mil	lies LAST	
medico	Ióa W	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 IN DOUBLE OF THE SOC	LYNDELL KI	REINER SE	gme AS 13	EATE INTERVAL NSET AND DEATH
other froumotic event, it		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	sn_	e raxi	mona	
njury, or	NO	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT I	RELATED TO THE TERMIN	NAL DISEASE OR CONDI	ITION GIVEN IN PART 110	
Swo ows	CERTIFICATION	90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WA	AS PERFORMED		20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	
Hem 18 sh		71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
rked or t	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE ALWORK 210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	LOCATION	CITY OR TOWN	N COUNTY	STATE
is a		22a.1 certify that (1) (this hospital) attended the deceased from	ot in (my) (our) apinian de	, to eath accurred on the date		hat (I) (we) fast auses stated
f. If Item 2		sow the deceased alive an above, (I) (we) I did) (did not) view the body after death. 72b. SIGN DEGRI		MEDICAL STAFF DIRECTOR PHYSICIA	22c. DAJE S	
		0.0	ADDRESS	0 //		
PORTAN		tephen Calhoun	South	Baltem	ore Hos	0
with the Stot		JRIAL, CREMATION, REMOVAL 1936. DATE 1236. NAME OF CEMETI	South TERY OR CREMATORY L CEMT.	Baltun BROOKEYN	ore Hos	mid

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The state of the s National Carlotte and W. a. District Control of the And the design of the contract

		PECEASED NAME FIRST (PE OR PRINT) Oliver R.	Krout	LAST	20. DATE OF DEATH MONTH	
	3. 9	Male	4. RACE White	5. DATE OF BIRTH 03-13-294 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
within 72 within 72 ied of one	5 10.	Balto, Md	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C:	
by the filled will	0	Balto	3119 Keswick		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK ManTMan-Reti	126. KIND OF BUSINE INDUSTRY
filled in ould be	US 130	UAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS 3119 Keswick	Rd. 21211
completely ond 2 st	75	FATHER'S NAME Wallace W. Kro	MIPDLE LAST	15. MOTHER'S MAIDEN NO	AME	LAST
Poges medica	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU 212-10-	JRITY NO. 17 INFORMANT	ADDRESS Krout 7857 Clas	cks Station Re
the ottending physicion remove corbon popers. remotion, or removal. er troumotic event the		Conditions, if ony, which gave rise to immediate couse (a), stating the		RONARY ART	ERY Dise	156
een signed by the ottendir it. Then please remove corl ior to buriol, cremotion, or y injury, or other troumoti	ATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) COD DUE TO, OR AS A CONSEQUIO (c) CONDITIONS CONTRIBUTING TO: ART GRY	RONARY ART	MINAL DISEASE OR CONDITION 200 AUTOPSY? 206.	N GIVEN IN PART 110. FYES, WERE FINDINGS USED
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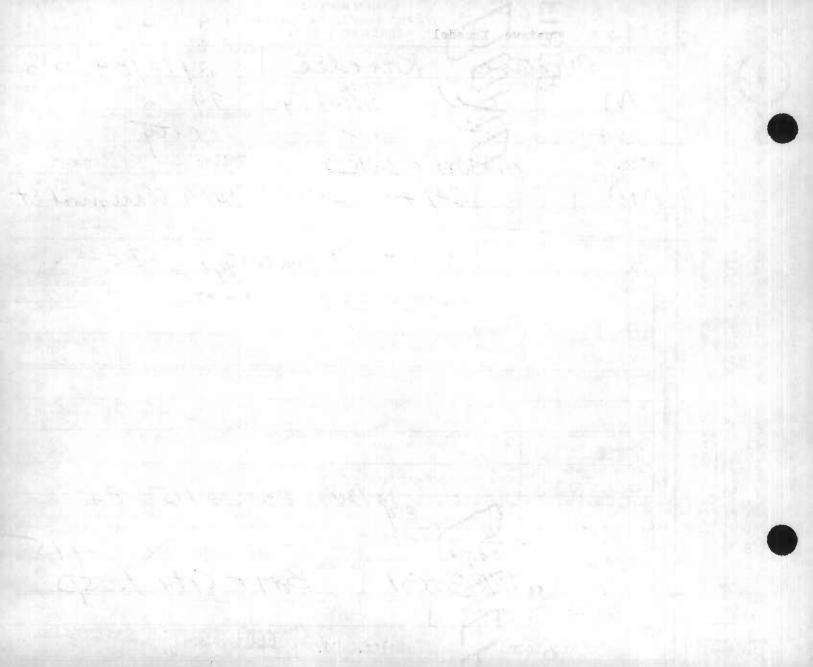
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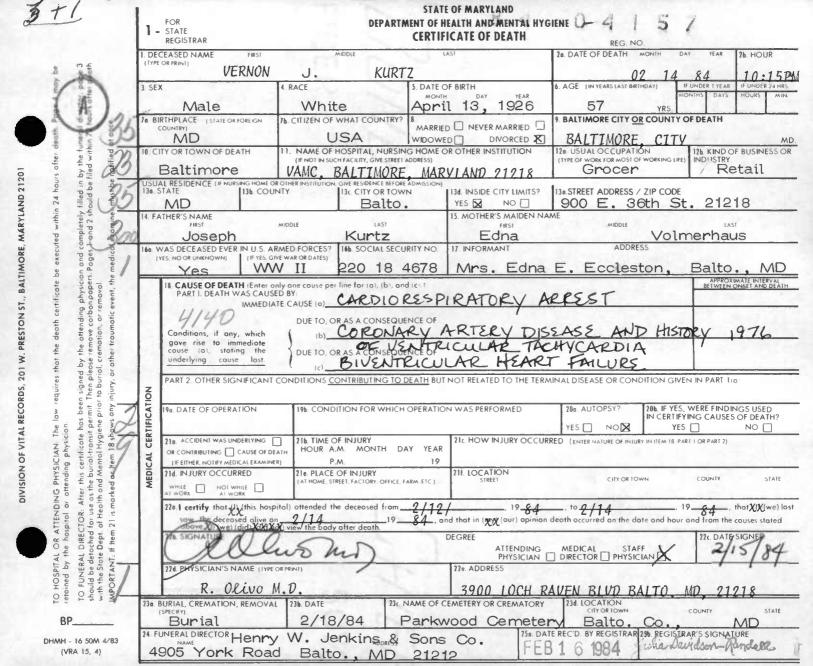
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Ruck Towson Funeral Home, Inc. Towson, Md. 212040

(VRA 15, 4)

6 12 C 1181 DI 6 41 J.B.A. DALTIMONE UNION METALETAL MOTETAL CONCLOR Laitingro x 424 1. Lake hve. - 21212 27.54 Cucer Filledwins (.e. Veola .o.5 medaly PERSONAL TRANSPORTER PARL DERTIER UNION MEMORIAL HOSETERL Aroti. 194 Cranation 2-01-54 Westries Ancle Corron Funcial Rome, Inc. Lower, Ma. 213068

DHMH - 16 50M 1/81 (VRA 15, 4)

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1 -	STATE REGISTRAR			DEPAR		HEALTH AND MENTA FICATE OF DEATH	LHIGIE		U	
1 ĎĒ	CEASED NAME	FIRST		MIDDLE		LAST	1 2	REG. NO.	DAY YEAR 24 HOUR CO	-
[TYPE	E OR PRINT)	1 CE	IZABE	TH A	. KY	NAST		2/	29/44/604	2
3. SE	X	-	4 RACE		5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER A HRS	_
	Female		White		July	27, 1906		77 YRS.	MONTHS DAYS HOURS MIN.	
	RTHPLACE (STATE OR FO	OREIGN	b. CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIE	D NEVER MARRIES	9	BALLIMORE PITY OR COUNT	Y OF DEATH	1
	MD			SA	WIDOWE	ED DIVORCED		15 allimore	Cily ME	
000	ITY OR TOWN OF DEA	TH T	(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR LIFE) INDUSTRY	
5	AL RESIDENCE (IF NURSI	Cily				eral Hospi	tal	Secretary	Office	
13a S	STATE	136. COUN	TY	13c. CITY OR TO	WN	134. INSIDE CITY LIMI		3e STREET ADDRESS	1 Ct 01010	
14 F4	ATHER'S NAME			Balto	•	YES X NO			ul St., 21218	-
	FIRST		AIDDLE	LAST		FIRST		WIDDLE	A all since	
16a V	Charle WAS DECEASED EVER I		AED FORCES?	Reed	CURITY NO.	Anr 17. INFORMANT	ıa	ADDRESS	Adkins	_
	YES, NO OR UNKNOWN)		WAR OR DATES)	5	0131	Barbara	Har	nson	MA	
	18 CAUSE OF DEATH	I (Enter onl	v one couse ner			Dai bai a	Trai	15011,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
	PART I. DEATH WA	AS CAUSE	BY: CAUSE (a)	5 21	7,05	miA			BETWEEN ONSET AND DEATH	-
	5991	7		R AS A CONSEO	LIENCE OF	/ /		0 -		_
	Conditions, if any,		(b)_	and	nary	tract	ir	rection		
	gave rise to imm cause (a), stating	ediote the	DUE TO, O	R AS A CONSEQ	UENCE OF			7		
	underlying cause	lost.	(Ic)_				V			
7	PART 2. OTHER SIGN	FICANTO	ONDITIONS, CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDITION G	IVEN IN BARTUMONICE	-
10	Multig	E 6	EVEBA	al Emi	bolism	ns Atria	IF	lutter w/ SH.	F. OBSTANCT	uc z
FICA	190 DATE OF OPENAT	ION	196. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED			ES, WERE EINDINGS USED	75
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UND	EDIVING	216. TIME O	E IN HIDV		121, HOW IN HIRV O	CCURRE	YES NO NO NO ITEM 18	YES NO	_
1 0	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	210 110 W 1143 0 R 1 O	CCORREL	J (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)	
DIC	116 INJURY OCCURR		21e PLACE		19	211 LOCATION				_
ME	WHILE NOT WHI	LE [EET, FACTORY, OFFICE	E, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE	
	22a I certify that (I)		ol) ottended the	e deceased fram	1/3	10	84	10 2/29	, 19 4, that (1) (we) last	-
	sow the decease above, () (we) (d	alive on.	2 2	after death.	84.0	nd that in (ny) (our) ap	inion dec	oth occurred on the date and ho		
	226. SIGNATURE	-Gridia Hai	view mergody	arrer deam.	0	DEGREE			224 DATE SIGNED	-
	Muner	~ (lele	· cir (La. L	PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIAN	12/29/84	
	224 PHYSICIAN'S NA	ME (TYPE OF	PRINT	0 6	1	22e. ADDRESS		1	(1)	3
	MARCO		GAG	LICIA	JR, M	D. North	CH	AXIES GEN.	Hostital	
23a E	BURIAL, CREMATION, F		23b. DATE		-	EMETERY OR CREMAT	ORY	23d LOCATION	COUNTY A A D STATE	
24 5:	Cremation		3/1/8			Mount		Balto.,	MD	
				enkins &			MAR	PEC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE	
4	1905 York	Road	Balt	0., ME	21	212	IAIWIA	2 304	International	1

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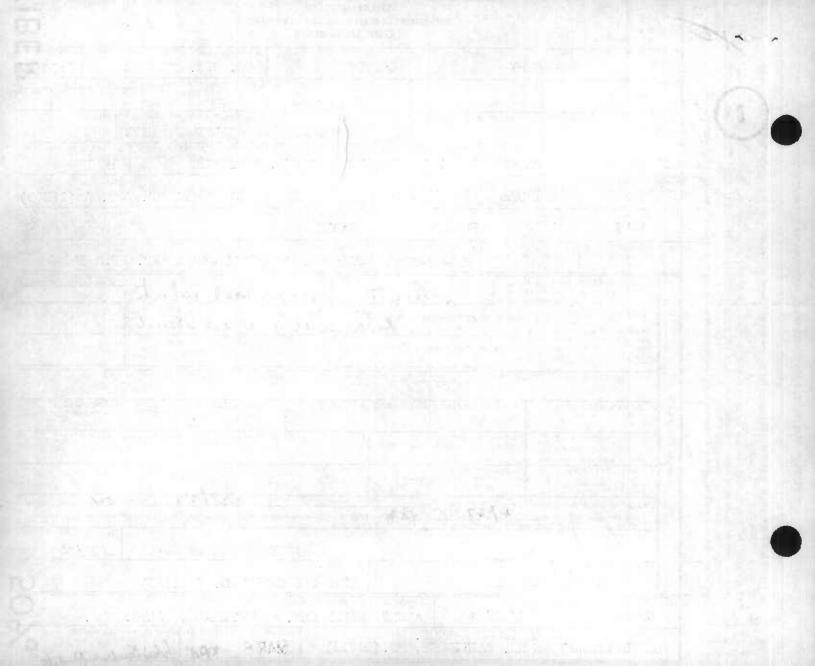
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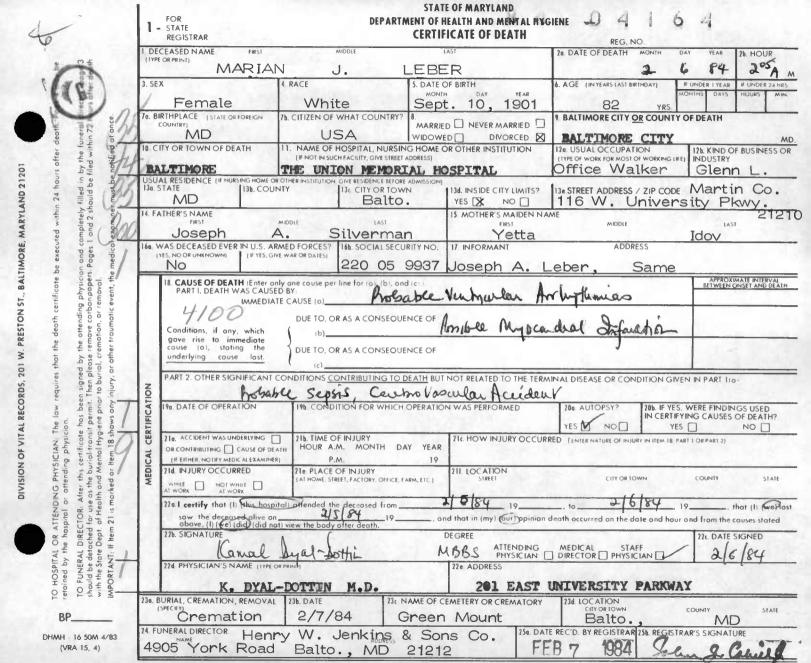
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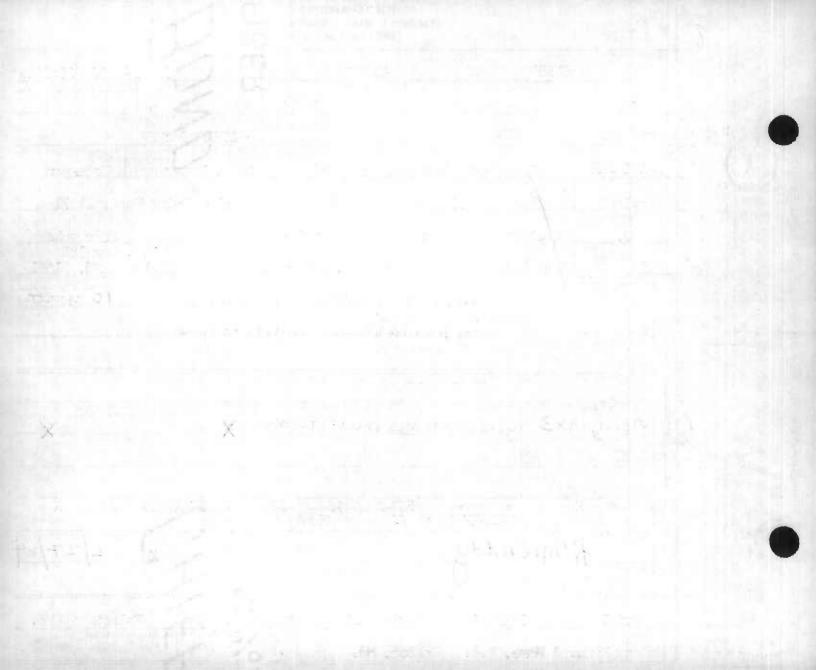
H wh	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 4 1 6 2	
	REGISTRAR		LAST	REG. NO.	
e π±	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		20. DATE OF DEATH MONTH D	20. 110 OK
noy be poge 3		ARLES J.	LAMBIE	~-	/ / FM
4 mc ctor.p	3. SEX MALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1 5 18	66 YRS.	ONTHS DAYS HOURS MIN.
CIAIL 53	76. BIRTHPLACE STATE OR FOREIGN Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
. 1197	Balt City	IN NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Md HCS pl GD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE FOREMAN	128 KIND OF BUSINESS OR INDUSTRY Amstar Corp.
UND 212	ISUAL RESIDENCE (IF NURSING HO 130. STATE 136 CO Maryland Ba	e or other institution, give residence DUNTY 13c. CITY OF Balto.	BEFORE ADMISSION) TOWN Highlands NoxTX	13e. STREET ADDRESS 4426 Scotia Ro	ad 21227
WARTH TO THE TOTAL	Charles	B. La	imbie Is MOTHER'S MAIDEN N		Schreiber
MORE,	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES W	GIVE WAR OR DATES!	SECURITY NO. 17. INFORMANT 03-9461 Doris Lambi	e 4426 Scotia Road	d 21227
ESTON ST., BALI deoth certificate I strending physicic vve carbonopers iton, or removal.	PART I. DEATH WAS CA 2030 IMMED Conditions, if ony, which	DIATE CAUSE (0) COLOR	apelmoney Aire	<i>s</i> ←	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 mch
201 W. PRESTON es that the death or ned by the attendin please remove carb urial, cremotion, or	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON.	itiple Myelor		6 menths
			G TO DEATH BUT NOT RELATED TO THE TE		
TAL RECO	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	YES NO YES	
J OF VITA J OF VITA SICIAN: Till g physicus certificate riol-tronsil entol Hygi	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. fiter this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or them 18 stows ony injury	GIF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI ordal or TOR: A or use of Heol		ospital) attended the deceased to an 2 4	C.M.	on death occurred on the date and hour	ond from the couses stated
AL OR AL the hosp AL DIREC detoched for detoched for the mil. If them it.	22b.SIGNATURE	y du	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/4/FY
O HOSPITAL etonined by il TO FUNERAL should be det	274 PHYSICIAN'S NAME (17	ry der	22e ADDRESS UNI U	ch md Has	oital
₽₽ <u>₽₽</u> \$\$	230. BURIAL, CREMATION, REMOTE Burial	2/8/84	23c. NAME OF CEMETERY OR CREMATOR Lakeview M.P.		arroll Md.
DHMH - 16 50M 4/B2	24. FUNERAL DIRECTOR		21229 250 0	ATE REC'D. BY REGISTRAR 75 REGISTR	ARIA SIGNATURE
(VPA 15 4)	Hubbard Funera	Home, Inc. 41	07 Wilkens Ave. FE	B 6 1984 john	On minute

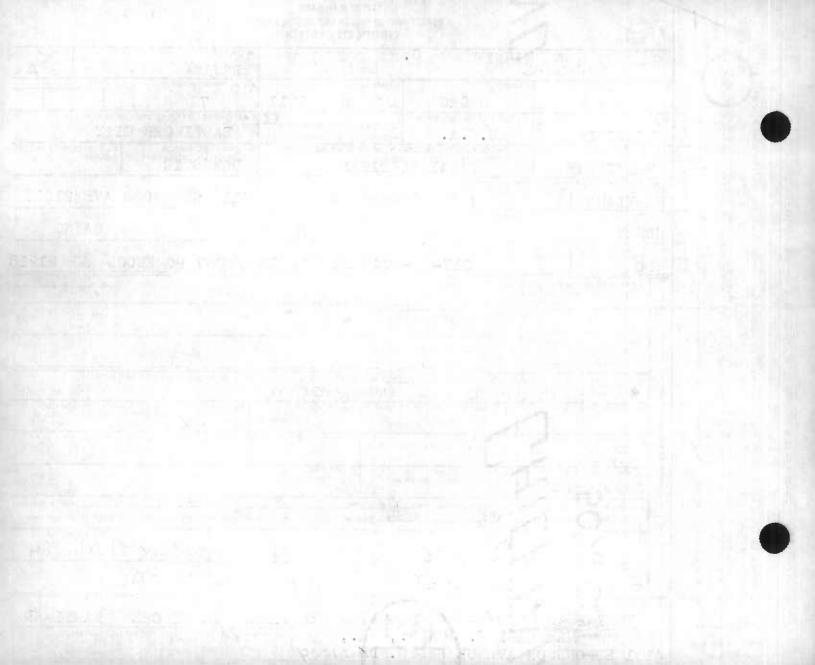
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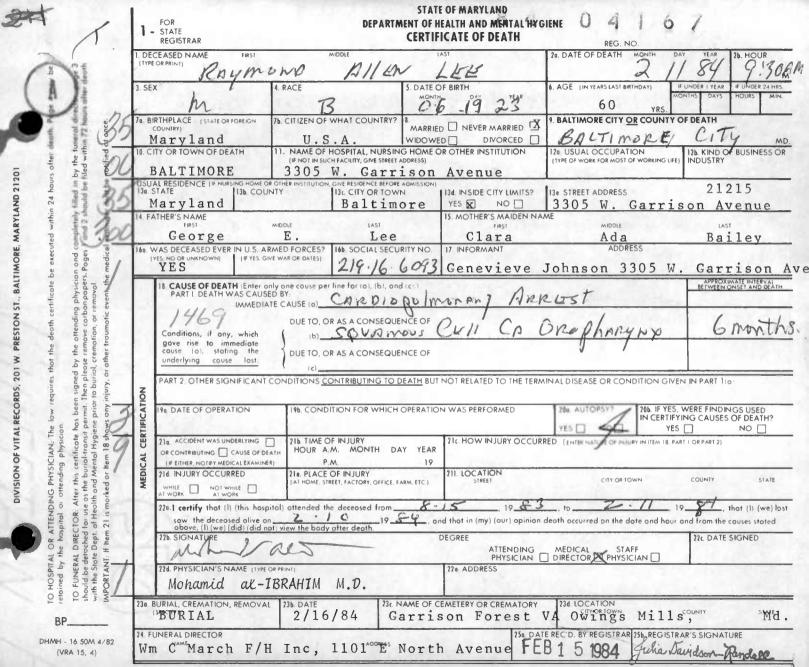


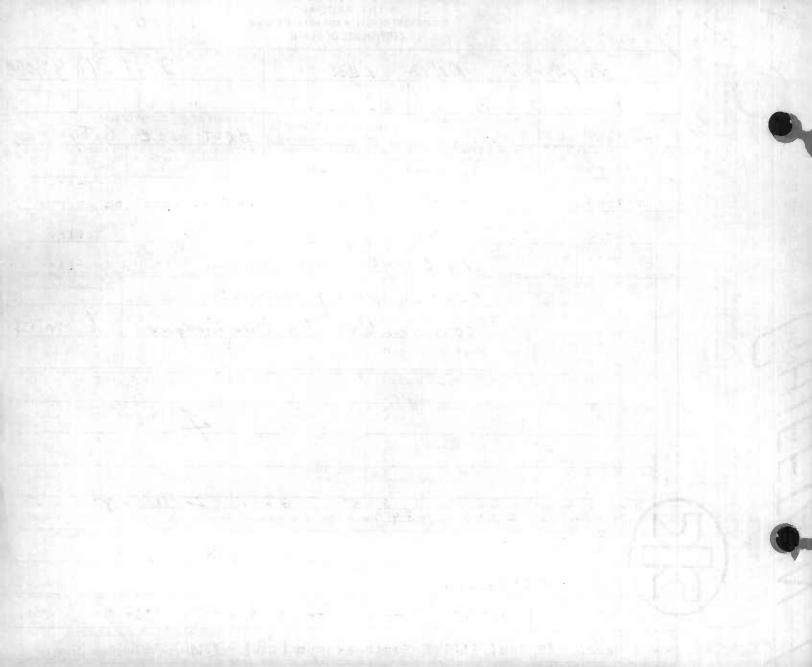


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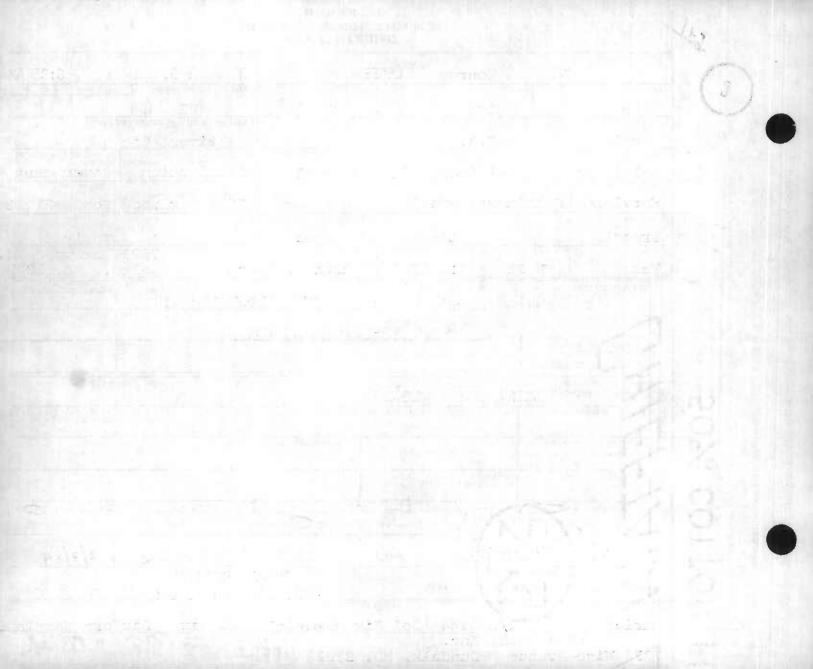






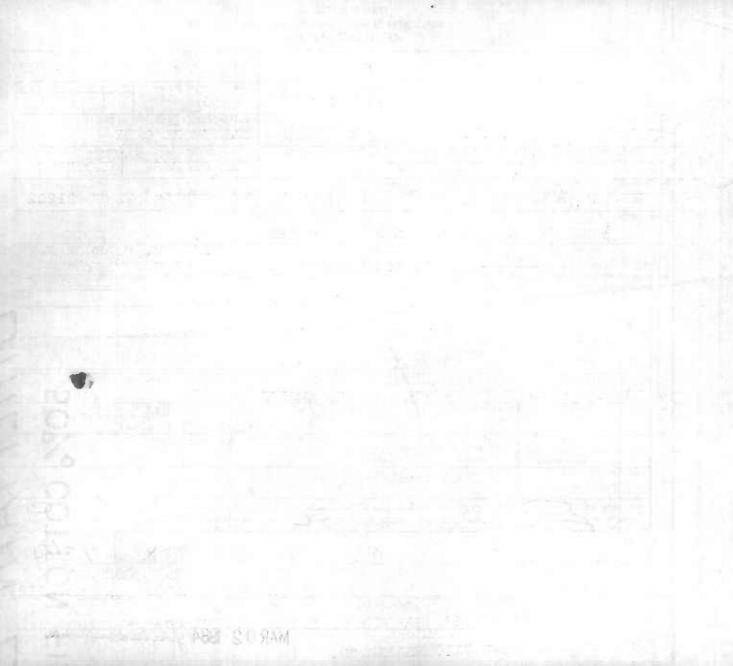


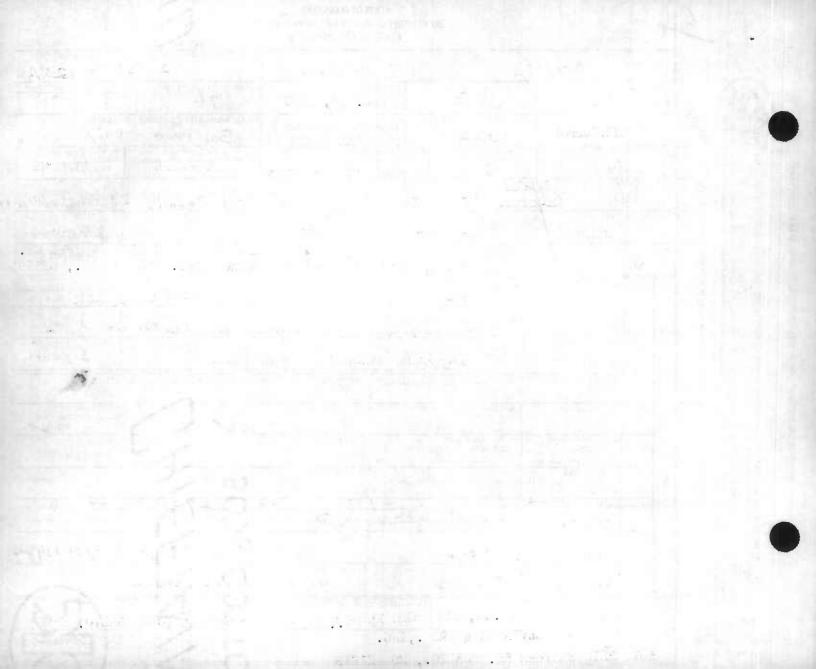
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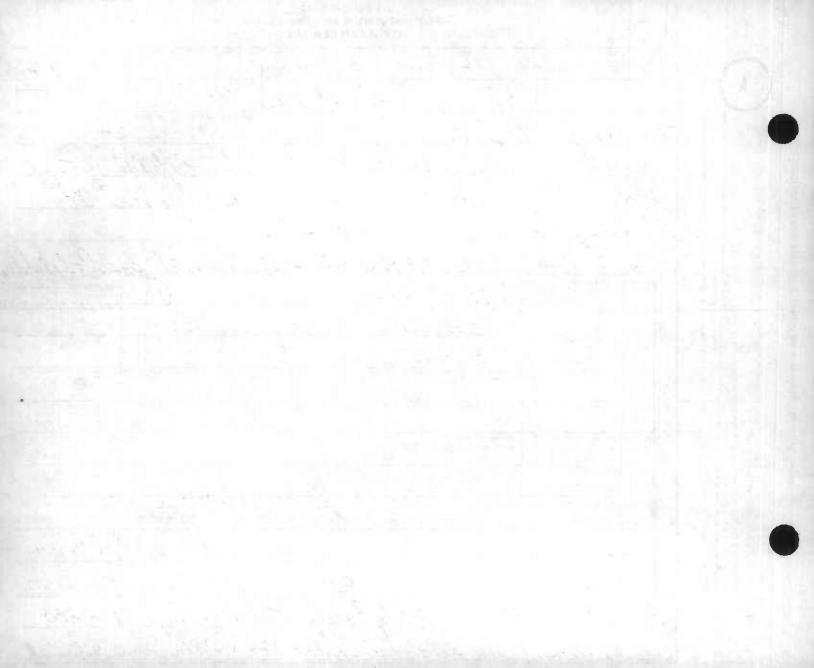
(VRA 15, 4)

STATE OF MARYLAND





1	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST LOS DATE OF DEATH MONTH DAY YEAR 26 HOUR YEAR PRINT) Leonard Theolore Larsen 2/8/84 9 pm
3.5	4. RACE A.
Ja.	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED MD.
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS) Voln L. D. Calon 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS) Voln L. D. Calon 12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS)
	SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 COUNTY 137 COV OR FOLKING 138 COUNTY 138 COU
200	FATHER'S NAME FIRST MODEL LAST LAST LAST LAST LAST LAST
a dico	WAS DECEASED EVER INVU.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 DO ORUNKNOWN 1 (IF YES, GIVE WAR OR DATES) 32003-5600 Heoleic Unflit 15456 Celsie
to buriol, cremotion, or removal. njury, or other froumotic event, th	PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (0)
1 Hygiene prior to the shows any injur	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ed of them 18 sh	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ALTHOME SUBSET SECTOR) OFFICE FARM STC) STREET CITY OR TOWN COUNTY STATE
n 21 is morke	270. I certify that (I) (this hospital) attended the deceased from 19 , ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death.
TANT: If the	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR
MPORT	JULIAN W. REED SILS, CHAS. ST. BALTO. MG. 2036 EHURIAL CREMATION, REMOVAL 1216 DATE / 1216 NAME OF CRANGERY OF CREMATORY 1216 LOCATION (
_ a	Elineal 3/4/84 Tale Cost Center Blookly 12, 3930"
OM 4/83	Charles L. Stevens Funeral Home Inc. 1501 & Further FEB 10 984 John & Comile

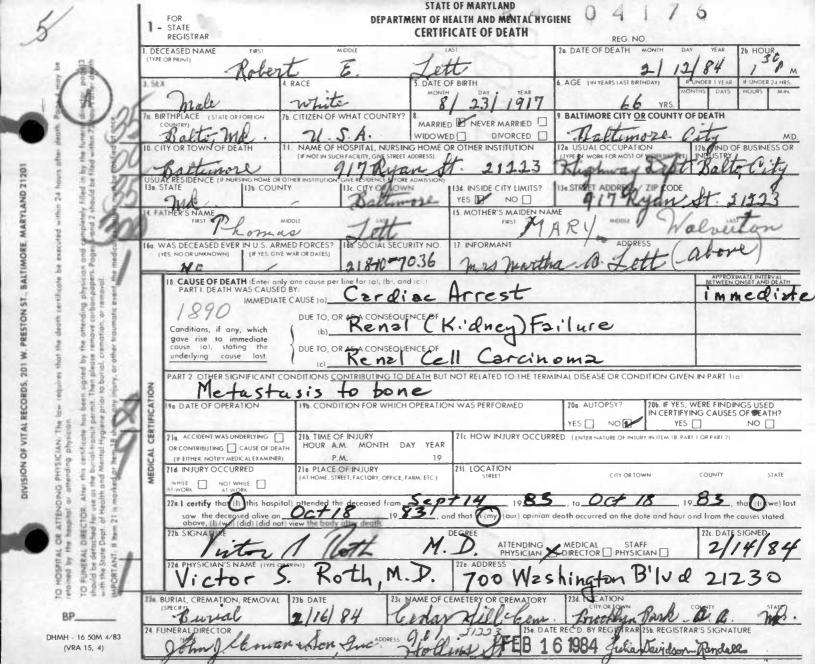


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7	1 -	FOR STATE REGISTRAR		0	EPARTMENT OF	TE OF MARYLA HEALTH AND M FICATE OF D	ENTAL HYG	ENE REG. NO	o.		
1		EASED NAME	FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
1	, , , , ,	ON TRUNKI	LLOY	D N.	LESTI	ER		FEBRUARY	17.	1984	08:14mm
/	3. SEX			4 RACE	5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	Ma			White	3	27	1927	56	YRS.		
1	C	THPLACE (STATE OR I		Th CITIZEN OF WHAT CO	OUNTRY? 8.	EDX NEVER M	ARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
/	We	st Virgi		U.S.A.	WIDOW	ED DIV	ORCED [BALTIMOR	E CI	ΓY	MD.
3		LTIMORE	ATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O JOHNS HO!	GIVE STREET ADDRESS)			12a USUAL OCCUPATION OF WORK FOR MOST OF THE TOTAL TOT	F WORKING LIF	E) INDUSTRY	f BUSINESS OR fotors
3	130. S Ma	ryland	13) COUN	OTHER INSTITUTION GIVE RESIDE TY 13c CITY		13d. INSIDE CIT	TY LIMITS?	13e.STREET ADDRESS / 8001 Park	ZIP CODE		
0	Ro	THER'S NAME FIRST	٨	Lest	er	Blar	maiden NAA nche	WIDDLE		Neun	
h	16# W	AS DECEASED EVER		WAR OR DATES)	IAL SECURITY NO.	17 INFORMAN					en Road
	Ye	S	WW	TI 235-	-30-6997	Dessa	L. L	ester	Balto		
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y ane cause per line far (a) BY: E CAUSE (a) Hu	1), (b), and (c).					BETWEEN C	MATE INTERVAL ONSET AND DEATH
S		4100		DUE TO, OR AS A CO	ONSEQUENCE OF			. ().)		1	Table (at)
		Conditions, if ony, gove rise to imm couse (a), statin	nediate ig the	DUE TO, OR AS A CO		ocardial	nyai	crun)			
Oil I		underlying cause	1031.	((c)							
	NO			ONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 110	
2	TIFICATION		NIFICANT C	ONDITIONS CONTRIBUT			8	NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES	EN IN PART ITO	IGS USED
2 1	CAL CERTIFICATION	PART 2. OTHER SIGN	TION DERLYING CAUSE OF DEAT	196 CONDITION FOR	R WHICH OPERATION	DN WAS PERFOR	RMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
29	CAL	PART 2. OTHER SIGN 198 DATE OF OPERA 218. ACCIDENT WAS UNIT OR CONTRIBUTING	TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED	19b. CONDITION FOR	NTH DAY YEAR	DN WAS PERFOR	RMED URY OCCURR	200 AUTOPSY?	20b. IF YES IN CERTIF YE.	S, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
27		PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER NOTIFY MEDI 21d. IN JURY OCCUR! WHITE NOT WE AT WORK NOT WE 22a.1 certify that (1) saw the decease.	TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this haspite an	19b CONDITION FOR 21b TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC.)	21c. HOW INJ	WED URY OCCURR	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUI	20b. IF YES IN CERTIF YE RY IN ITEM IB P	COUNTY	IGS USED OF DEATH? NO STATE
T: If hem 21 is marked or Item 18 shows any injury, ar athe	MEDICAL	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER NOTIFY MEDI 21d. IN JURY OCCUR! WHITE NOT WE AT WORK NOT WE 22a.1 certify that (1) saw the decease.	TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this haspite an	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR IATHOME STREET, FACTOR	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC.)	21c. HOW INJ 21l. LOCATIO STREET and that in (my) (DEGREE	WED URY OCCURR	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUITED OF TO	20b. IF YES IN CERTIF YE. RY IN ITEM IS P	COUNTY	STATE
29	MEDICAL	PART 2. OTHER SIGN 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDIT 21d. INJURY OCCUR! WHILE NOT WHAT WORK 220.1 certify that (1) sow the decease above, (1) (we) (s	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this haspite did) (did nat	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR IATHOME STREET, FACTOR all affended the decease view the bady after deal	NTH DAY YEAR 19 Y Y OFFICE, FARM ETC.)	21c. HOW INJ 21l. LOCATIO STREET and that in (my) (DEGREE	URY OCCURR 19 19 00ur) opinion d	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUIT CITY OR TO Ita Death accourred an the de	20b. IF YES IN CERTIF YE. RY IN ITEM IS P	COUNTY	STATE
27	WEDICAL WEDICAL	PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR! WHITE NOTIFY AT WORK AT WORK 22a. 1 certify that (I) saw the decease above, (I) (we) (6 22b. SIGNATURE	TION DERLYING CAUSE OF DEAL CALEXAMINER) RED (this hospital cale and calexaminer) AME (TYPE OR	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR IATHOME STREET, FACTOR all affended the decease view the bady after deal	NTH DAY YEAR 19 Y OFFICE, FARM ETC) d from 19 Hh.	21c. HOW INJ 21l. LOCATIO STREET and that in (my) (DEGREE A P	URY OCCURR N 19 Our) Opinion d ITENDING HYSICIAN	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJUIT CITY OR TO Ita Death accourred an the de	20b. IF YES IN CERTIF YE. RY IN ITEM IS P	COUNTY	STATE

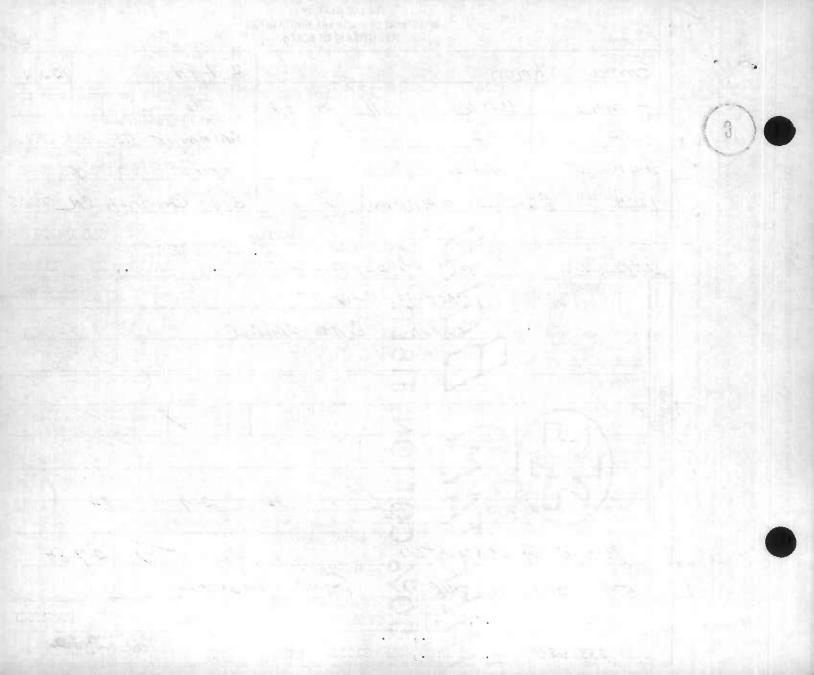
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5	1.	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		G
5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	I. DE	CEASED NAME FIRST	evin	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3 SE	* femue_	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 29 6	AGE (IN YEARS LAST BIRTHDAY) R VRS.	MONTHS DAYS HOURS MIN.
(6)69	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) USA NEW YO	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNT	Y OF DEATH OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10 10	10. 6	THAM OF DEATH	(IF NOT SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION STADDRESS) SPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	SEWIFE CAT HOME
tilled in sould be	USU 13a	AL RESIDENCE IN NURSING HOME OF THE PROPERTY LAND	R OTHER INSTITUTION GIVE RESIDENCE BEFO NIY 130. CUTY OR TO		15? 130. STREET ADDRESS GARIN	7th ROL 2121:
and	14 F/	ATHER'S NAME FIRST JULIUS	MILLE	R 15. MOTHER'S MAIDE	TTIE	SLOMOWITZ
n and c	160	WAS DECEASED EVER IN U.S. AI YES, NO ON MONOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SEC 214-18		MR. JULIUSADEWIN RINTH RD. BALTO	O., MD 21215
es that the death certification by the attending propers remove containing urial, cremation, or remain, or other traumatic reserves		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	nly one cause per line for (a), (b), o ED BY, ITE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	JENCE OF REMAIS FA	ALUGE TERMINAL DISEASE OR CONDITION GI	IVEN IN PART I/O
he low requir	CERTIFICATION	196 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\cap \)
ending physici this certificate the buriol-transing Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH	19 211. LOCATION	CCURRED (ENTER NATURE OF INJURY IN 11EM 18 CITY OR TOWN	PART I OR PART 2) COUNTY STATE
ATTENDING P ospitol or offer ECTOR: After the d for use os the f. of Health and m 21 is marked		saw the deceased alive ar above, (I) (we) (did) (did no	nital) attended the deceased from		orinian death accurred on the date and hor	
retoined by the his should be detoche with the Stote Dep IMPORTANT: If her		226, SIGNATURE SELOME 228, AHYBICIAN'S NAME (1)	& Coungton	DEGREE ATTENDI PHYSICI 220 ADDRESS N N ATTENDI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN D	2. 2-84
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	FEB.8,1984 H	NAME OF CEMETERY OR CREMATE	ORY 23d LOCATION CIBALTIMORE	COUNTY MARY L'AND
HMH - 16 50M 1/81 (VRA 15, 4)			WN RD. BALTO.,		D 1 4 1984	JRAR'S STONATHRE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS JEANNE. LEWERT FEBRUARY 9,1984 2:40P. 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1-SEX YEAR Female White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Penna. BALTIMORE: CITY WIDOWED DIVORCED [IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE OF WORK FOR MOST OF WORKING LIFE INDUSTRY, Retired Bard BALTIMOR THE JOE THE JOHNS HOPKINS HOSPITAL New Jersey COUNTY 13c GITY OF TOWN 13e STREET ADDRESS /, ZIP CODE 13d INSIDE CITY LIMITS? cean om's River 24 Grenada YES & NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Sebastian Mano armella Suma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (FES. HILLSHUMMNOWN) (IF YES, GIVE WAR OR DATES) Robert (. Lewert - 24 Grenada St. N. Jersey APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. A COMSEQUENCE OF Stage Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 19s DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK E 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave (1) we ((did)) did got) view the body after death DEGREE ATTENDING MEDICAL azens lein DIRECTOR PHYSICIAN PHYSICIAN THE PHYSICIAN'S NAME (TYPE OF PRINT) Ze ADDRES 236 BURIAL, CREMATION, REMOVAL 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OR TOWN (SPECIFY) Burial Hillside Cemetery cotch Plain, New Jonsey 25 DATE REC'D. BY REGISTRAR 256 AGISTRAR'S SIGNASTR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 John (. Miller Inc-6415 Belair Rd. -21206 (VRA 15, 4)

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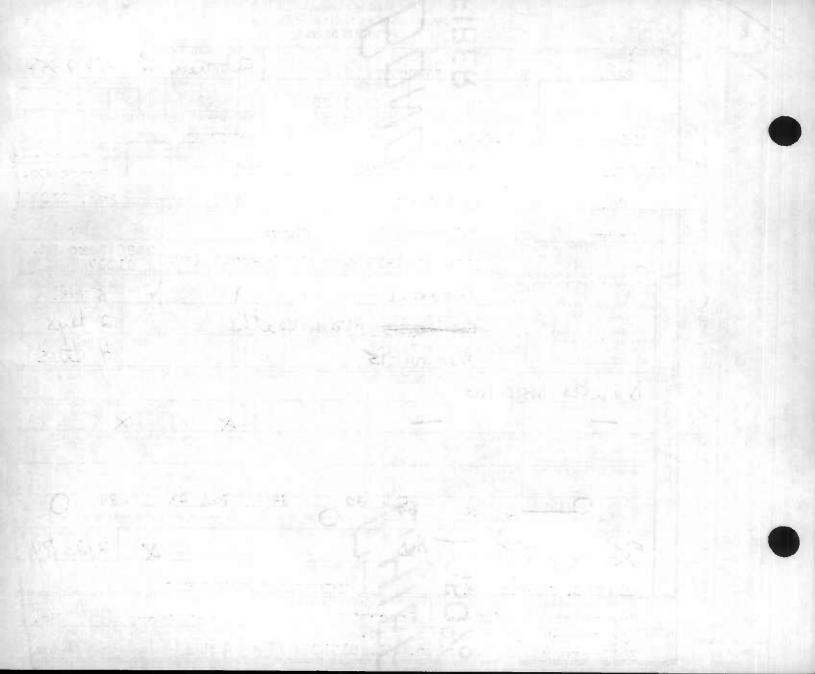
STATE OF MARYLAND

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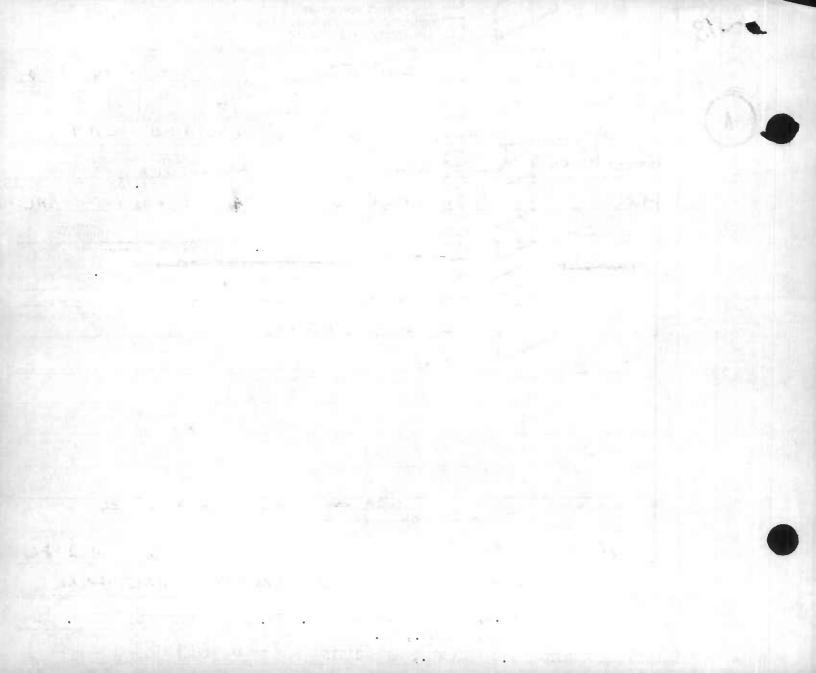
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR LTYPE OR PRINTE 3:30x02/16/84 Yvonne 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR White April 22 1960 Female **BALTIMORE CITY OR COUNTY OF DEATH** I BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S. A. Baltimore City WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR Domestic The Johns Hopkins Hospital Baltimore SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Frederick 13a STATE Frederick 217 East Chur 13d. INSIDE CITY LIMITS? East Church Street Maryland NOF 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Lewis Dougherty Rita Duane "Mr. Duane G. Lewis, 217 East Church St. Frederick, Maryland 21701 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES) 219-80-3833 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) brain death -0-DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which in hyperammonema syndisme gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Auls myces no now to leukemen 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LE EITHER NOTIFY MEDICAL EXAMINER) P.M 71e PLACE OF IN JURY 21f LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE AT WORK 22a.1 certify that/(1) (this hospital) attended the deceased from. sow the deceased alive an 2 1 e above (1) (vek (did) faid not) view the body after death. and that in (my) our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MV PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME LITTE OFFINIT 22e ADDRESS WPCR7. icsis am desid Maun Moure 1620 McEidenu St 23c. NAME OF CEMETERY OR CREMATORY 238 LOCATION 236. BURIAL CREMATION, REMOVAL Burial Feb. 20, 1981 Amsbry Union Cem. Amsbry Pastate 14 FSTEPA PIFE Reeney Basford P.A. Funeral Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 106 E. Church St., Frederick, Md. 2170FEB 22 34 (VRA 15, 4)

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	I DEC	STATE REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOUR
No.		OR PRINT) ANDF	REW GERALD LINZ		FEBRUARY 12.1	
(A)	1 SEX	X	4. RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
1	6	Male	White	August 12,1931	52 YRS.	
100	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Marry 1 and	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED	Baltimore City OR COUNTY	
of the second	10 CI	Maryland TY OR TOWN OF DEATH Baltimore		widowed Divorced	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SecTreas.	12b. KIND OF BUSINESS OR
And the state of t	130. S Ma	ryland 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Baltimor	P YES NO □	13e STREET ADDRESS / ZIP CODE 1190 W. North	ern Parkway
100 Jen	14 FA	Anthony Linz	MIDDLE LAST	15. MOTHER'S MAIDEN NA Esther Fi		LAST
Pages medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT Yes KOT	VE WAR OR DATES)		inz Same	
attendin mave corb lation, or troumotic		Conditions, if any, which	(b)			
ed by the lease re- ial, crem ar other	NO	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
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FOR - STATE

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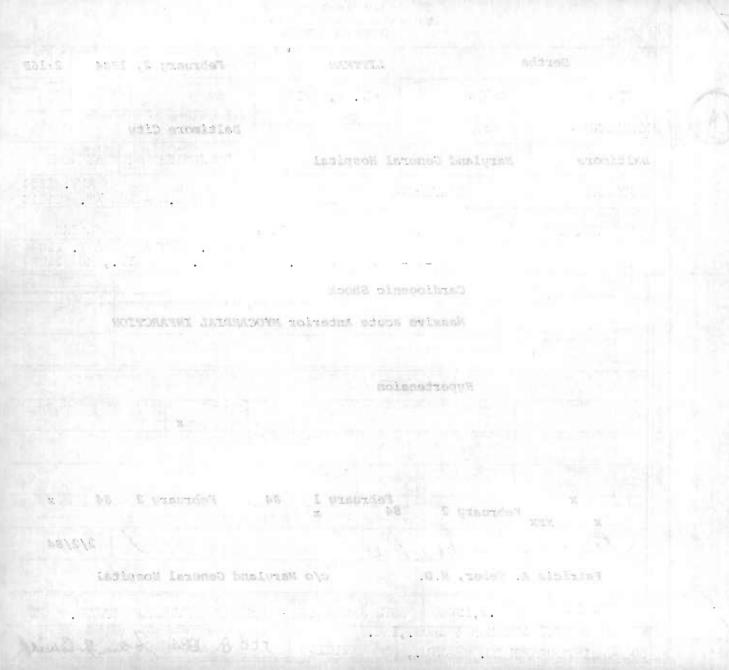
6010 REISTERSTOWN RD.

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215



J.	/	FOR			DEPARTA	STATE STATE	OF MARYI		HYGIENE) 4 1	8	3	
1		STATE REGISTRAR		ME	DICAL E	XAMINE	R'S CERTI	FICATE C	OF DEATI	H REG	NO.		
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TOR YOU'S HEET TO WITH THE STORY YOU'R FILES ON YOU'R FILES ON STREET	3, 5E)	A 10 1 10 10 10 10 10 10 10 10 10 10 10 1	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHOLAY)	MONTHS DAY	YR. IF UNDER		DATE	HIMOM	CIAY YEAR	10.110011
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2	104. 3	Md	10	A.A.		imore	YES			Orchard	Ave	21225	
2	UL FA	THER'S NAME		WIDGLE		AST	15. MC	THER'S MAID	EN NAME	MIDDLE		LAST	
9		Joseph		T.		Litz	17 INE	Kather	rine	T.	Fee	Walsh	
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1		iying caus	e last.	(c)									
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m.e		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH THY VAR 20. HOUR
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(5)	BA	LTIMORE	THE JOHNS	HOPKINS HOSPITAL	LABOR
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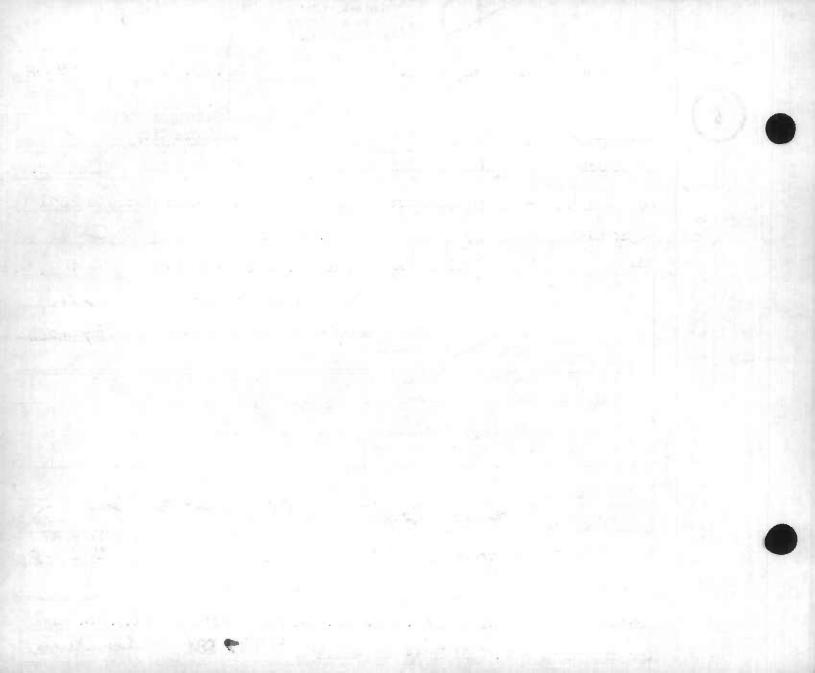
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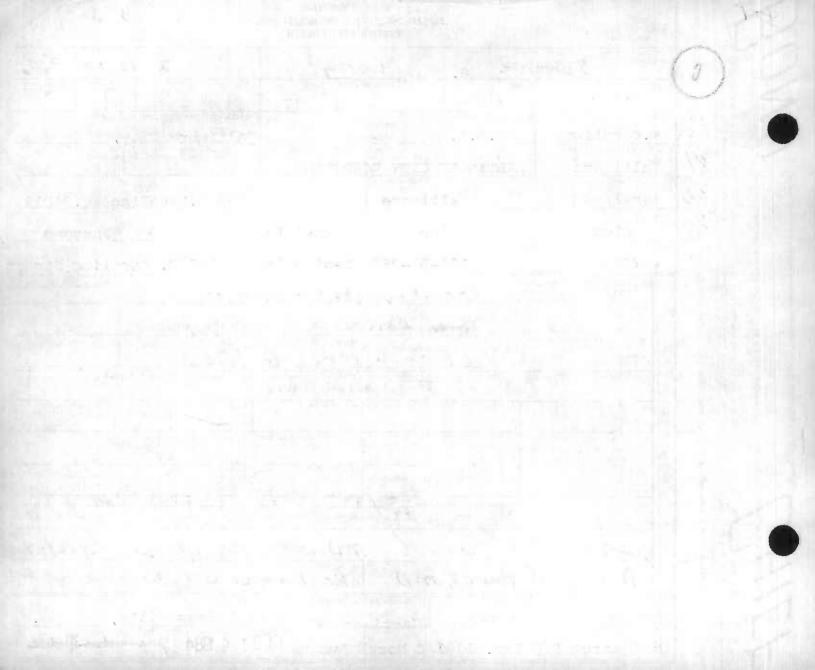
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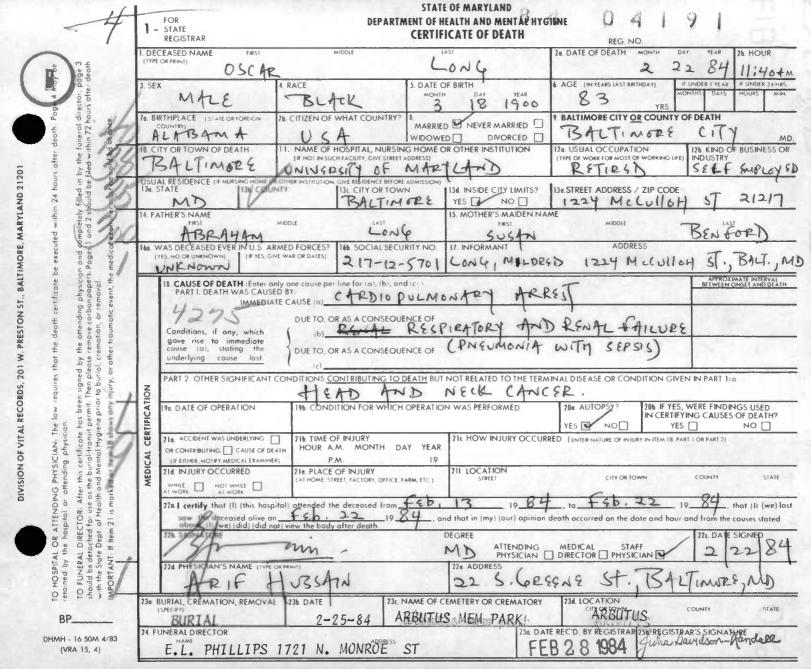
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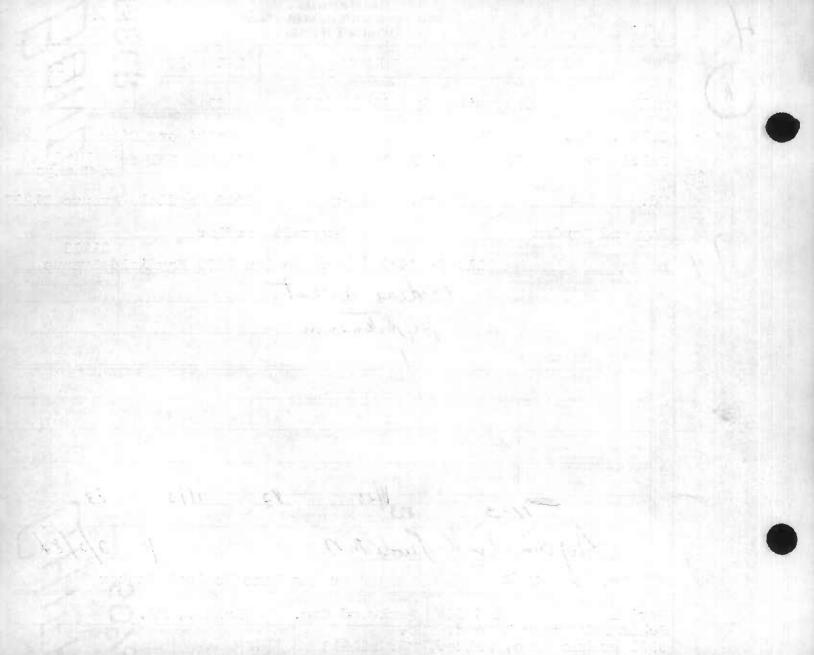
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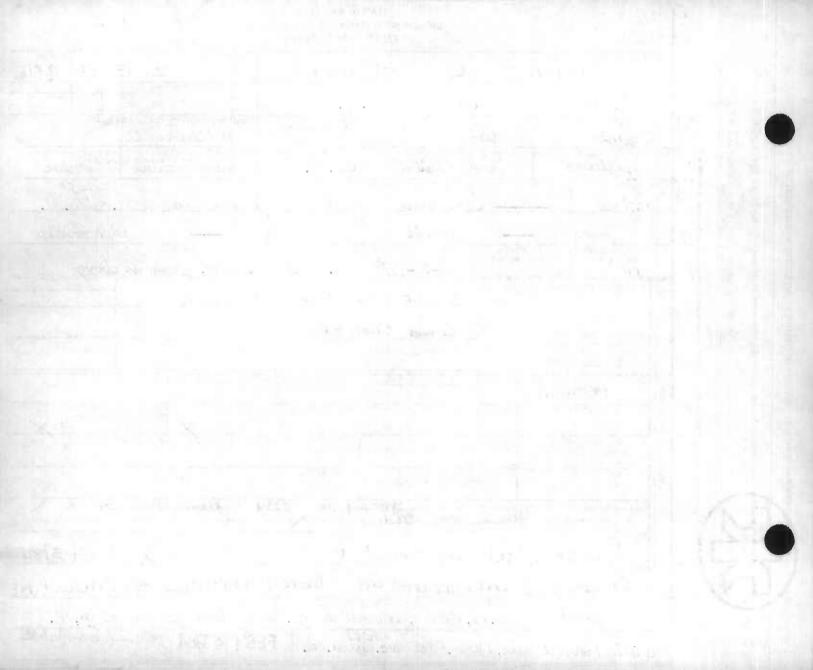




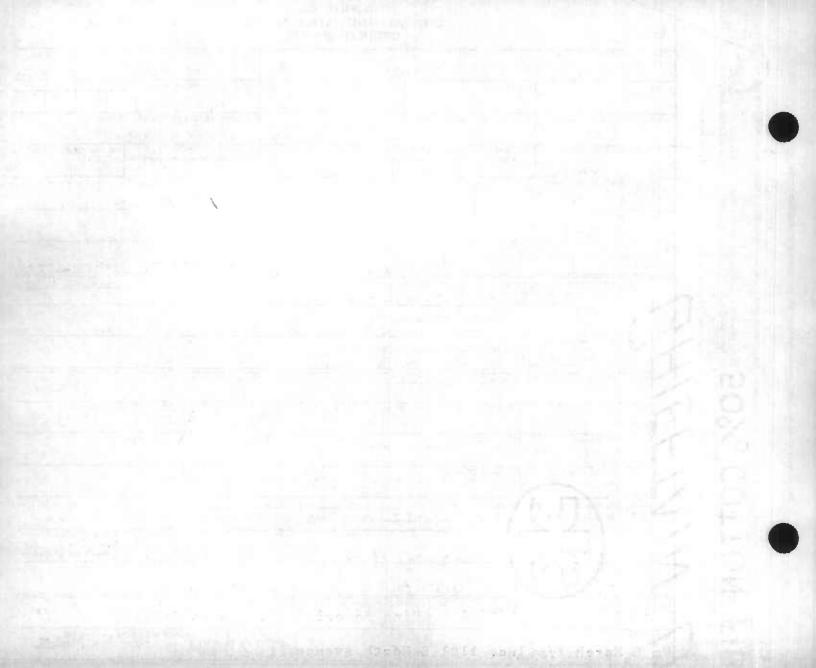


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Ruck Towson Funeral Home, Inc. Towson, Maryland

FOR

24 FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND

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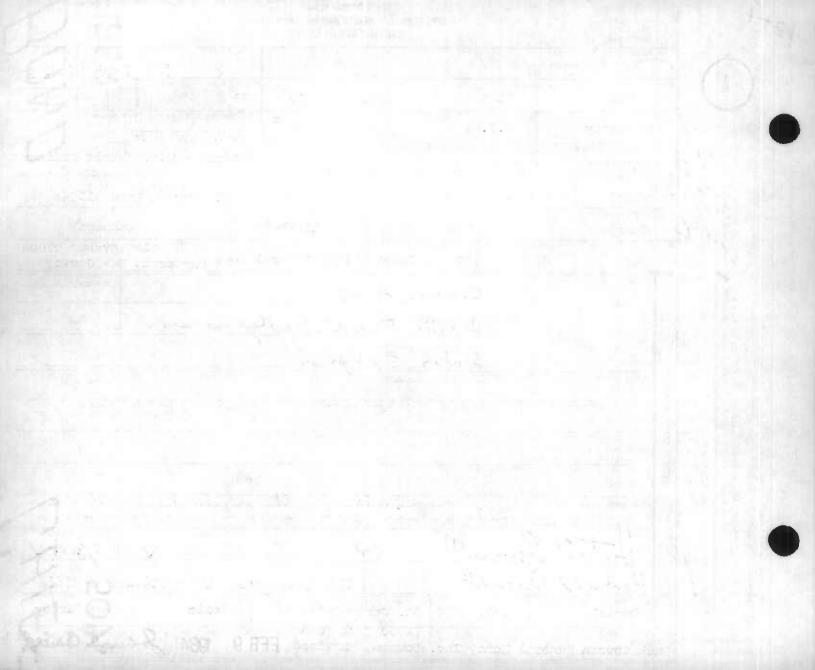
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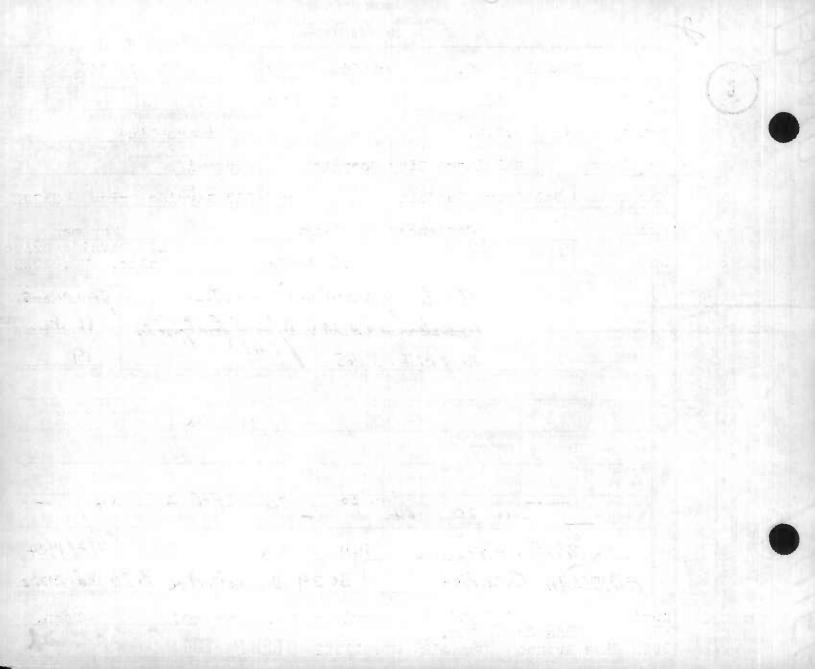
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I. DECEASED NAME TYPE OR PRINT 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 1902 X18 WHITE BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY LATVIA WIDOWED DIVORCED | NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION **BUSINESS OR** O CHY OR TOWN OF DEATH 12b KIND OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE SINAI HOSPITAL BURLAP RAG MEG SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 21215 6711 PARK HEIGHTS AVE MARYLAND APT RALTIMORE IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE HILDA VERSOK MOSES LHRIE 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 215-32-9574 MRS. IDA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IC Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE impital) ottended the deceased from and that in (my) (aur) apinion death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN **PHYSICIAN** MPORTANT 22e ADDRE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BALTIMORE BETH TELLOH CEM 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC BY REGISTRAR 266. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 dia Daydson-Gondall 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 (VRA 15, 4)

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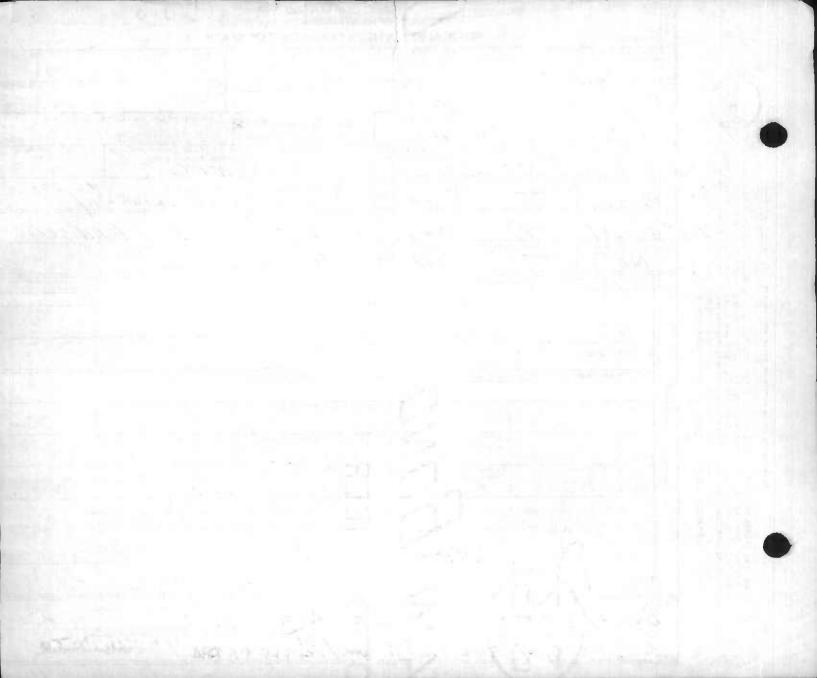
STATE OF MARYLAND

PONTS LA LINE DE Victoria A Ripoton 2011 12 11 29 1102 8,473 677 MI 215 A BALTO COTO HOSPITAC HOSENIE AT PLACE Med Salte of Hill La Salte He Frank Kralella dalin Marie Marie Land Land Color BURIAL 2797 HOLY REGIEVES BALTER decreased in house me stanford the series AND THE RESERVE OF THE PARTY OF The same of the sa THE PARTY OF THE P the sure of the control of the contr

The	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYI RTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	4 2 U	2	
lige 3		CEASED NAME FIRST Bettu	WIDDLE	Madison		DATE OF DEATH MONTH	DAY YEAR	26. HOL
ors ofter de	3 SE	Female	4. RACE White	5. DATE OF BIRTH	YEAR 25	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
an 72 hau		IRTHPLACE (STATE OR FOREIGN COMMTRY) Anyland	76. CITIZEN OF WHAT COUNTR	MARRIED LX NEVER	MARRIED 9. BA	Baltimone		
by the filled with	1/1	Baltimone	2359 Annam	is Road	(TYP	USUAL OCCUPATION E OF WORK FOR MOST OF WORK	ING LIFE) 12b. KIND INDUSTR	OF BUSINI Y
filled in hould be	_	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	PROTHER INSTITUTION GIVE RESIDENCE BEF INTY 13 CITY OR TO Baltim	OWN 13d. INSIDE	NO 🗆 2	STREET ADDRESS 359 Annapoli	s Road	2123
ompletel 1 and 2 s		ATHER'S NAME FIRST Alvin	MIDDLE LAST Mil	len 7	FIRST	WIDDLE	Ė	ast
Pages medica			RMED FORCES? 166 SOCIAL SE 219–12-			som 2359 Ann	apolis R	oad
been signed by the a rmit. Then please rema priar to burial, cremat any injury, ar ather fra	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEG	2740	40	DISEASE OR CONDITION	GIVEN IN PART I	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	IFIC	DATE OF OPERATION	- 148 CONDITION FOR WHIC	LH OPERATION WAS PERF	ORMED 20	a AUTOPSY? 20b. II	FYES, WERE FIND	INGS USE
Specific Control	4 %	81 ACCIDENT WAS UNDERLYING F	7 AN THAT OF BUILDING	Tax Howe		IN CE	ERTIFYING CAUSE YES	NO [
frer this certificate has the burnal-tronsit in and Mental Hyger arked of fem 18 sho	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK		19 211 LOCAT	NJURY OCCURRED (INC	ERTIFYING CAUSE YES	ИО [
DIRECTORS After this certificate by Directors to Directors and toched for use as the buriol-transing Dept. of Health and Mental Hygie if hem 21 is marked of fem 18 shop		OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c. I certify that (1) (this hosp) saw the deceased alive an	ATH R) P.M. 21e. PLACE OF INJURY (AT HOME SIREET, FACTORY, OFFIC	DAY YEAR 19 211 LOCAT STREE 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ION 10 19 19 19 19 19 19 19 19 19 19 19 19 19	ENTER NATURE OF INJURY IN ITEA CITY OR TOWN accurred on the date and	COUNTY 19 1 hour and from the	NO [
inspired or corenating physical INECOR: After this certificate the differ or so she buriol-tronsor rept. of Health and Mental Hygie them 21 is marked of Term 18 shope	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 1 AT WORK 220.1 certify that (1) (this hosp) saw the deceased alive an above, (1) (we)	ATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE Atal) attended the deceased from Control of the bady after death. AND OR PRINT! SING CONTROL AND OR PRINT!	DAY YEAR 19 211 LOCAT STREE DEGREE 222 ADDRE	ION 19 19 19 19 19 19 19 19 19 19 19 19 19 1	ES NO NO NO IN CE	COUNTY 19 1 hour and from the	NO s , that (1) (s e causes sto

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n 2354 warmolisi mak			C.	
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	As the same			
	3			

lı.	FOR STATE		STATE OF MARYLAND OF HEALTHAND MENTAL HY	GIENE 2 0 3	
1	REGISTRAR	MEDICAL EXAM	NINER'S CERTIFICATE OF	F DEATH REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26. HOU
(11)	HERBI	PDT /	MADISON	OF ESTI-	2 3 19 84
3 SE		IS DATE OF BIRTH 6 AGE	IN YEARS IF UNDER TYR. IF UNDER 2	A TIKS. IL. DATE	ONTH DAY YEAR 26 HOU
	M NOGAD	MONTH DAY YEAR LAST B		MIN PRONOUNCED DEAD	2 2 ::21
1- D	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	YRS.	. BAITIMORE CITY OR C	2 3 19 84 T D
	OREIGN COUNTRY)	n. S.A.	MARRIED NEVER MARRIE		
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	OME, OR OTHER INSTITUTION	12a. USUAL OCCUPATION ITYPE OF A	
	altimore	927 N. Broadway		None	OK WOOSIK!
	AL RESIDENCE (IF IN NURSING HOME STATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD NTY 13c. CITY OR TOV		130. STREET ADDRESS BROAD	1 WAY
14. F	ATHER'S NAME	MIDDLE A LAST	15. MOTHER'S MAIDEN	MAME	1457
5	Amuel -	T MAdi	son Estell	F.	MAdison
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
- (YES, NO. OR UNKNOWN) IF YES, GIV	EWAS OR DATES) 2/2-	36 Norman	Johnson	
		nly ane cause per line far (a), (b), and (c)	1	0 11347	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSE	DBY: Smoke inha	lation and thermal	liniury	BETWEEN ONSET AND DEATH
	OGO SIMMEDIA	(TE CAUSE (a) SHORE IIII A.	******	LAIIJULY	
>	Canditians, if any, which		ACE OF		
	gave rise to immediate	(b)			
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUEN	NCE OF		
	PART 2 OTHER SIGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CONDITION CIVEN IN DARK	T1 (a)	
Z	The state of the s	COMMISSION TO CENTED TO THE	TERMINAL DISEASE OR CONDITION DIFER IN FAR.	11(0)	
E	19a. DATE OF OPERATION	196 CONDITION FOR WHICH C	OPERATION WAS PERFORMED?		20. AUTOPSY?
FIC					
CERTIFICATION	21a. EXTERNAL CAUSE WAS	216 TIME OF INJURY	21/ HOW INTERVOCCURREN) (ENTER NATURE OF INJURY IN ITEM 18 PART	YES NO 🔀
	UNDERLYING SOR	HOUR KOK MONTH DAY	YEAR ZIE HOW INJURY OCCURRED	CENTER MAILURE OF INJURY IN HEM 18 PART	OKTAKIZ)
MEDICAL	CONTRIBUTING CAUSE OF		84 House fire.		
AED	21d INJURY OCCURRED	216 PLACE OF INJURY (AT HO) STREET, FACTORY, FARM, ETC.)	NE. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z	WHILE NOT WHILE I	house	927 N. Broadw	_	Md.
		ge of the remains described above, held	an Autapsy , Inspection	X, Inquiry , and in	my apinian
	death resulted fram: Natu	ural causes , Accident X	Suicide . Hamicide .	Undetermined manner .	
	1	00	TITLE (SPECIFY)		
1	SIGNATURE V	NAM	Assistant	MEDICAL EXAMINER	DATE 2-4-84
	EXAMINER'S NA			01 7 71	143 24004
	TYPE OR PRINT	n M. Dixon, M.D.		Penn St., Balto.,	Ma., 21201
23a. E	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BURITI	2-8-84 MT.	Zion Cem.	BAITO.	M+).
24 F	UNERAL DIRECTOR	ADDRESS	A DATE RI	EC'D. BY REGISTRAR 251 REGISTR	AR'S SIGNATURE
1	OFTIS Hanen	Al Home 11291	V. CANOline FER	1 1 1984	wason-yanders



- 5	1-	FOR STATE			DEPARTM	ENT OF H	EALTH AND MEN	TAL HYGI	ENE -			
		REGISTRAR				CEKIIF	CATE OF DEAT	IH	REG	, NO.		
		CEASED NAME	FIRST		MIDDLE	ι	AST		20. DATE OF DEATH	MONTH DA	AY YEAR 2	b. HOUR
(AA)		OK PRINT!	Maur	ico			N - 1		02/11/	184		1.081
1":1	1. SE)			RACE		5. DATE C	FBRIA		6. AGE IN YEARS LAST	SIRTHDAY)		F UNDER 24 HRS
	1	Male		whit	A	MONIH	. 15, 19	YEAR OO	83		ONTHS DATS I	HOURS MIN.
B 90		RTHPLACE (STATE OR FO	REIGN 7b.		WHAT COUNTRY?				9. BALTIMORE CIT	YRS.	OF DEATH	
1 20 1	0	VIRGINIA		US	· A		NOR		Bal+im	ore Ci	+ 37	
A 14 1	10 CI	TY OR TOWN OF DEAT	Н 11.		HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUP		126 KIND OF	MD. BUSINESS OR
3	1	Baltimore	100	(IF NOT IN SUC	ohns Ho	ADDRESS)			TYPE OF WORK FOR MO PRES	ST OF WORKING LIFE)	INDUSTRY	PER BOX
300	13a S				GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY L	IMITS?	13e STREET ADDRES	SS / ZIP CODE	CO.	-
C The	_	MARYLAND [BALTIMOR	RE.			7121 PAR	K HTS.		
nu 280	A. FA	THER'S NAME	MIDI	DLE	LAST		15. MOTHER'S MA	DA	MIDDL:	E	LAST	1215
四 多任人		JACOB	Line Bus		MAHR	D. T. L. L. D.			C ANINE AN		SUSSMAN	
		AS DECEASED EVER IN	(IF YES, GIVE W		166 SOCIAL SECU		17 INFORMANT		S. ANNE AM		T. 503	21215
th certificate be executed by the property of		NO 1			213-10-2	2/21	7121 PA	KK HI	S. AVE.	BALTO	- ,	
A 5 (1) (1) (1) (1)		18 CAUSE OF DEATH PART I. DEATH WA	Enter only o	ne couse per	A .	dicu	T. Tell	1				ATE INTERVAL ISET AND DEATH
ST.,			MMEDIATE C		HNOXIC	Dr	314	D3m	rige		80	dry
ro cart		4120		DUE TO, O	R AS A CONSEQUE			A			15	
deo deo prior		Conditions, if ony,		(b)	6219-21	oulm	217174	AVV	<i>(1)</i>			
the the	14.	cause (o), stoting underlying couse	the 1	DUE TO, O	R AS A CONSEQUE						10	
20 Zes t		PART 2, OTHER SIGN	IFICANT CON	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	ONDITION GIVE	N IN PART I (a	
Then to b	Z O	Lyn	- hom									
NG PHYSICIAN, The low requires the ottending physician, where this certificate has been signed as the buriels transit permit. Then play the ond Membel Hygiene prior to buriol orked or tiem 18 flows any piper.	CERTIFICATION	190 DATE OF OPERATI			ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206. IF YES,	WERE FINDING	S USED
age be be seen a	THE	a district							YES NOT	_ /1		NO [
ANN: T hysici ficote Tronsist Hygi	CER	21a. ACCIDENT WAS UNDE		216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY	YOCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT T OR PART 2}	
Sicia ng ph prioti	AL	OR CONTRIBUTING CA		P.		19						
HYS nding his o	MEDICAL	21d INJURY OCCURRE	D	21e. PLACE			211. LOCATION		CITY O	RIOWN	COUNTY	STATE
offer the street of the street	×	WHILE NOT WHILE	E	(AI HOME, SII	REET, FACTORY, OFFICE, F	ARM, EIC)	SINCE					317112
O S S S S S		22a certify that (I) (1/2	-5	984	_, to _ 2 / u	1	9 27 , the	at (I) (we) last
Pirtoli for G of H		sow the deceosed obove, (I) (we) (di	d) (did not) vi	2/4	ofter death	87.01	d that in (my) (our) opinion d	eath occurred on the	e date and haur	ond from the co	uses stoted
R A hoss hed hed ept.		226. SIGNATURE	a fact from	ew The Oddy	1		DEGREE	444			22c. DATE SH	GNED
the Detocote		Will	(Ka	elu	1 -n		ATTEN PHYS	NDING SICIAN	DIRECTOR PHY	TAFF	2/11	SY
SPIT.		224. PHYSICIAN'S NA	ME (TYPE OR PR	INT)	(22e ADDRESS					
OR Seld		WILLI	Am	6.K	AZULA!	Jr	Joh	15	Hope,	c H	7, 90	-(
0 8 0 8 3 M	23a B	URIAL, CREMATION, R	EMOVAL	3b. DATE	23c N	IAME OF C	EMETERY OR CREM	MATORY	23d LOCATION			
BP	(SPECIFBURIAL		FEB.13	3,1984 B	ETH F	L MEM. PA	DV	RANDAI	LSTOWN	BALTO.	MD
DHMH - 16 50M 4/83	24 FL	INERAL DIRECTOR S	OL LEV	INSON	& BROS.	INC.	MEM PA	750 DATE	REC'D. BY REGISTR			
(VRA 15, 4)		6010 REIST			110011000		21215	IFEB	1 5 1984	d'and		,
		VVIII VIII VIII VIII VIII VIII VIII VI			DALLE .	VIII.						

- - 1/3

CREMATION 2/16/1984 GREEN MOUNT CEMETERY 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) WALTER BROOKS BRADLEY, INC. BALTO., MD 21222

FOR - STATE

REGISTRAR

THOMAS MALEY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY STATE MD

22c. DATE SIGNED

STATE

COUNTY

BALTIMORE 250 DATE REC'D. BY REGISTRAR 256. BIGGSTRAR'S SIGNATURE AND AND

REG NO

2b HOUR 400

12b. KIND OF BUSINESS OR

STEEL MEGR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MCDONALD

IF UNDER 24 HRS

IF LINDER I VEAR

INDUSTRY



STATE OF MARYLAND

Formels thine Dac. 28,1017 55

Pours-41fe Hose

Marriagh - - Antigram X (12 1. Boolein St./Clask

General - nation - Marina

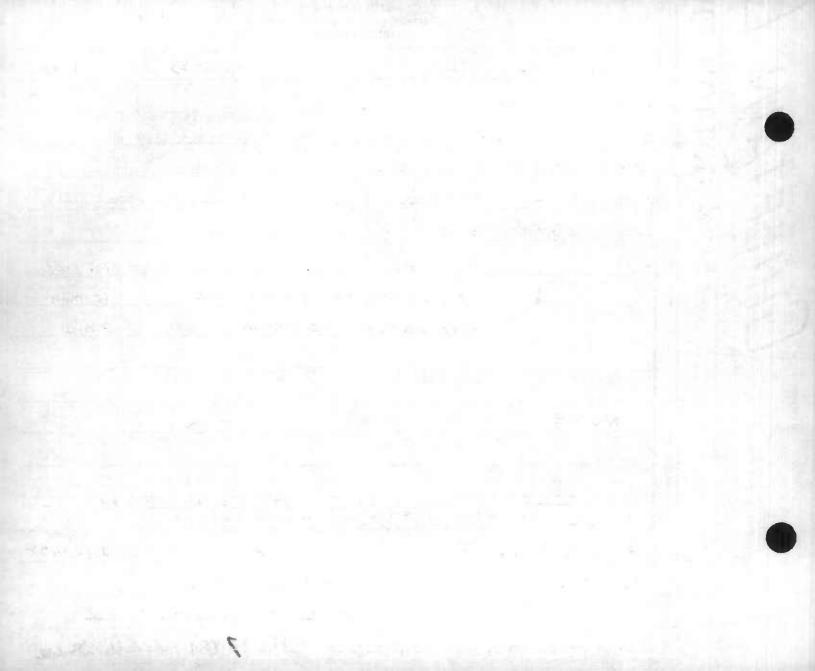
NO --- OF-19-Expl John Melkon 1018 B. Boothies BE. / 218-E

Andri Ya. . ide Caking Census - - Balimone Co. Mi.

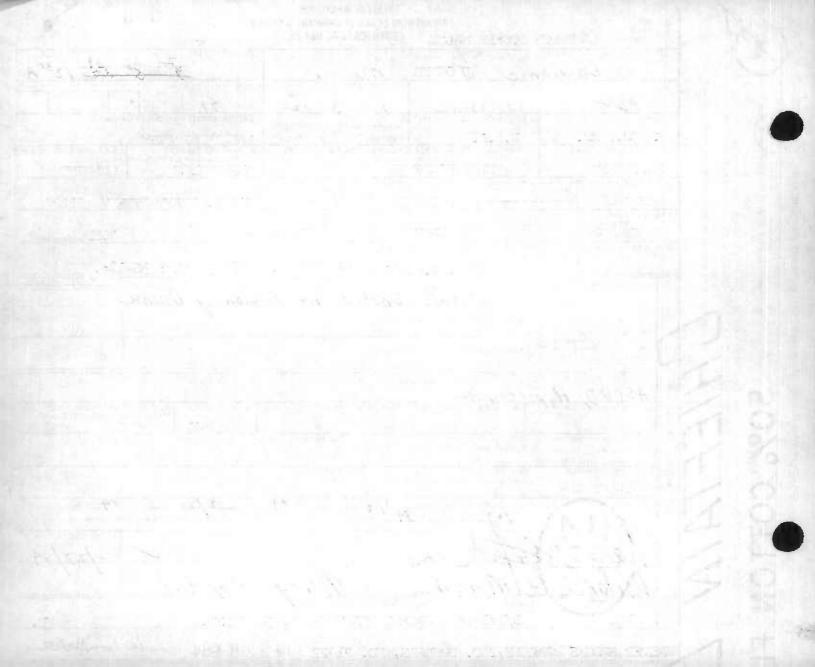
Tilly a seller In . 1901 Sauters Ave./ 1271 | FER S 1841 Sec. Colored

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
I. DE	CEASED NAME FIRST BEULAH	R. MALKU		ASI	February 23	1984	26 HOUR
3. SE		White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN
7e. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	Baltimore CITY OR		
) d Ba	altimore	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	, NURSING HOME OF STREET ADDRESS) St Street	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Homemaker	N 12b KIND O	F BUSINESS O
Ma Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY 13c CITY	or town	13d INSIDE CITY LIMITS? YES \(\bigcirc \) NO \(\bigcirc \)		st Street 2	1211
_	Christopher Jor	nathan Tanner	IAL SECURITY NO	Emily Jan	MIDDLE	£AS1	
0		IVE WAR OR DATES)	01 7957	Ruth M. Herb		Sabina Ave.	21209
NO	Conditions, if any, which gave rise to immediate couse (o), storting the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO		7 _K sf(se		TION GIVEN IN PART 110	
TIFICATION	196. DATE OF OPERATION	19 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES [
MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.M.	19	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY)	IN ITEM 18 PART OR PART 2}	
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (wa) (did) (did no	at) view the bady after deat	h. 19 <u>84</u> , ar	id that in (my) (ess) opinion o	, to 2 - 23 leath accurred an the date	19 34 , to and haur and fram the c	hat (I) (eue) lo
	22b. SIGNATURE Paul 4-7. 22d. PHYSICIAN'S NAME. (TYPE)	krold m.D.			MEDICAL STAFF DIRECTOR PHYSICIA	27. DATE S	24/54
200	Dr. Paul G. H	erold		10 West Madi			
23o. B	BURIAL, CREMATION, REMOVAL (SPE BUrial) UNERAL DIRECTOR	02 27 84		Park Cemetery	Baltimore REC'D BY REGISTRAR 25	e, MaryTand	STATE
7.1				TAL DATE			



CX	1	1.	FOR STATE REGISTRAR LAI	WRENCE	JOSEPH			NT OF H	CATE OF I	MENTAL HY	GIENE	REG. N	Û	8	
(1)	e e		EASED NAME	FIRST		MIDDLE	SEPH	L/	2 /-		20. DATE O			Z YEAR	2b. HOUR
may	de de	3. SEX		wren	. RACE	7 03		DATE O			6. AGE (IN	YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
oge 4	urs aft		MALE			sin		MONTH 9	5	YEAR 12		71	YRS	ONTHS DAYS	MOURS MIN.
9. A. B.	72 ho	C	THPLACE (STATE OR DUNTRY) ALITO., MD	77.0	U.S.A			MARRIED	NEVER	MARRIED		'IMORE	CTURZ	OF DEATH	440
D]	iled within	10 CI	Y OR TOWN OF DE	ATH 1	1. NAME OF (IF NOT IN SUC ME)	HOSPITAL, CHEACILITY, GI	NURSING IVE STREET ADD	HOME O	R OTHER INS		120 USUA (TYPE OF WO	OCCUPATI	ON DE WORKING LIFE		MD. DF BUSINESS OR
	and be a	13a. S	L RESIDENCE (IF NUR FATE RYLAND	13b. COUNT	THER INSTITUTION	13c. CITY C	OR TOWN		13d. INSIDE C	ITY LIMITS?	13e. STREE		ATT ST	REET	21224
within	d 2 sh	14 FA	THER'S NAME	M	IDDLE		LAST	7/2		S MAIDEN NA	AME	MIDDLE		(A	ST
E, Ma	100 mg	16n W	GEORGE AS DECEASED EVER	IN U.S. ARM	ED FORCES?		ALOY AL SECURIT	Y NO	MA 17 INFORMA	RGARET		ADDRI	ESS	ZORN	
ALTIMOR te be exec	Poges medica		ES. NO OR UNKNOWN)		WAR OR DATES)		07.086			LINE C.	MALOY		AME AS	13e.	
BALT	aval.		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED	ane cause per BY:	r line far (a)), (b), and (c	1,1			1		7		ONSET AND DEATH
N ST.	arng processing proces		49/05	IMMEDIATE		hron			truct	ive /	1/mon	any 1.	118Cas	4	
PRESTON ne death o	arrenain nave carb ation, ar raumotic		Conditions, if any		(1b)_	IR AS A CO	NSEQUEN(LE OF							
W. Pl	ase ren I, crem ather t		couse (a), statio		DUE TO, O	R AS A CO	NSEOUEN	CE OF						Park 1	
15, 20	en ple en ple ury, or	z	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTI	ING TO DEA	ATH BUT	NOT RELATED	TO THE TERM	MINAL DISEA	SE OR CON	DITION GIVI	EN IN PART 1	0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The fow requirer rattending physicion.	permit. The perior to we any injury	CERTIFICATION	ASCVD	TION YP		TION FOR	WHICH OF	PERATION	N WAS PERFO	DRMED	200 AU		IN CERTIFY	, WERE FINDI	OF DEATH?
VITAL N: The	ransit per Hygiene 18 shaws	CERT	21g. ACCIDENT WAS UN		21b. TIME C		ITH DAY	VEAD	21c. HOW IN	JURY OCCUR	RED (ENTER	NOX		ART I OR PART 2)	но 🗌
NOF rSICIA rng ph	riol-indental	MEDICAL	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CALEXAMINER)		м.		19	21f. LOCATIO	ON	ш.				
DIVISION ING PHY	s the bu and w	MEC		HILE			, OFFICE, FARM	A, ETC)	STREET			CITY OR TO	NWN	COUNTY	STATE
O NION	Health is man	1	220.1 certify that (I) saw the deceas) (this hospito	i) attended th	ne deceased	d from_	1/9	l sheet in January	, 19 <u>84</u> (aur) opinion	, to	2/27			that (I) (we) last
R ATT	hed for hed for hept. of tem 21		above, (I) (we) (did) (did not)		after death			EGREE	(doi) opinion	deam occur	red an the d	ore and nour	22c. DATE	
9 f .	detacl Tree Do		None	1	Stan	A) hs			ATTENDING PHYSICIAN [MEDICA DIRECTO	R PHYSIC		2/	27/84
	should be do with the Star	10	DOVIAN	AME (TYPE OR	time	arti	2		22e ADDRES	eray	16	spito	1	/	
BP_	- ~ > >= 1	(1	JRIAL, CREMATION, PECIFY) BURTAL	, REMOVAL	23b. DATE 3/1/1	984			METERY OR			TY OR TOWN		COUNTY	STATE
	5 50M 4/B2		NERAL DIRECTOR		2/1/1			ת עים	EART C	F JESUS 25a. DA			1 1. 15	BAR'S SIGNA	
	15, 4)	WA	LTER BROOF	KS BRAI	DLEY, IN	C. DÛ	INDALK	, MD	. 2122	2 FE	B28	1984	Julia Di	undson-l	fandale



1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		
(TYPE (PRANCE	ES G	S. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY 0 2 0 3	YEAR 2b. HOUR 8 4 IF UNDER 24 HRS HS DAYS HOURS MIN.
		7b. CITIZEN OF WHAT COUNTRY	04 08 13	P. BALTIMORE CITY OR COUNTY OF	
	mo	USA	WIDOWED DIVORCED	BALT C/4	26. KIND OF BUSINESS O
- 1	BALT CITY	UNINCLES ITY 4	OSPITAL		NDUSTRY
USUA 13a. S				130. STREET ADDRESS 2918 ELGIN AVE	21216
	FIRST	MIDDLE CALL DI			ARKEZ
16a W	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRES 1619 M	oreland Aven
	18 CAUSE OF DEATH (Enter on	lly ane cause per line for ya), (b), a		//SON- Baltimore, Ma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (c) antleuon	seratory faile Communicaling artery	onluysm. WINAL DISEASE OR CONDITION GIVEN I	N PART 1(g)
TIFICATI	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	ORPART 2)
MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospi	2/3 19	SY , and that in (my) (our) apinion	death occurred on the date and hour and	that (I) (we) la
	In Signature Parker	on mo	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	JPAX	KERSON M	P UNIVER	SITY HOSF	
	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	CALCERTIFICATION CALCERTIFICA	REGISTRAR 1. DECEASED NAME (179E OR PRINT) 3. SEX CMA12 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH B D L L L L L L L L L L L L L L L L L L	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) FIRST MIDDLE FRANCES 3. SEX FIRST MIDDLE FRANCES 4. RACE 1. COUNTRY D. CITIZEN OF WHAT COUNTRY COUNTRY D. CITIZEN OF WHAT COUNTRY W. COUNTRY W. COUNTRY U.S. ARMED FOR PRINTIUTION, GIVE RESIDENCE BEFORE 130. STATE 131b. COUNTY W. COUNTRY W. COUNTRY	REGISTRAR IDECEASED NAME (TYPE OR PRINT) FIRST ANDDE ANDLE ANDLES ANDLES S. DATE OF BIRTH MONTH DAY YEAR MONTH MONTH DAY JACKE J. DATE OF BIRTH MONTH MONTH DAY YEAR MONTH MONTH MONTH DAY JACKE J. DATE OF BIRTH MONTH MONTH MONTH MONTH DAY JACKE J. DATE OF BIRTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH JOHNSON JIS CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (REVENT ON TOWN IS CITY OR TOWN YES MONDRE JIS COLLEGE JIS MOTHER'S MALDEN NO YES NO LAST JIS MOTHER'S NO LAST JIS MOTHER'S NO LA	REGISTRAR DECEASED NAME

1619 Yozolan Avyin Cherolette Duam Bolthors, Daviend 21216 artal 2//Es, et tus .cm riel Ferr Patient . Contains

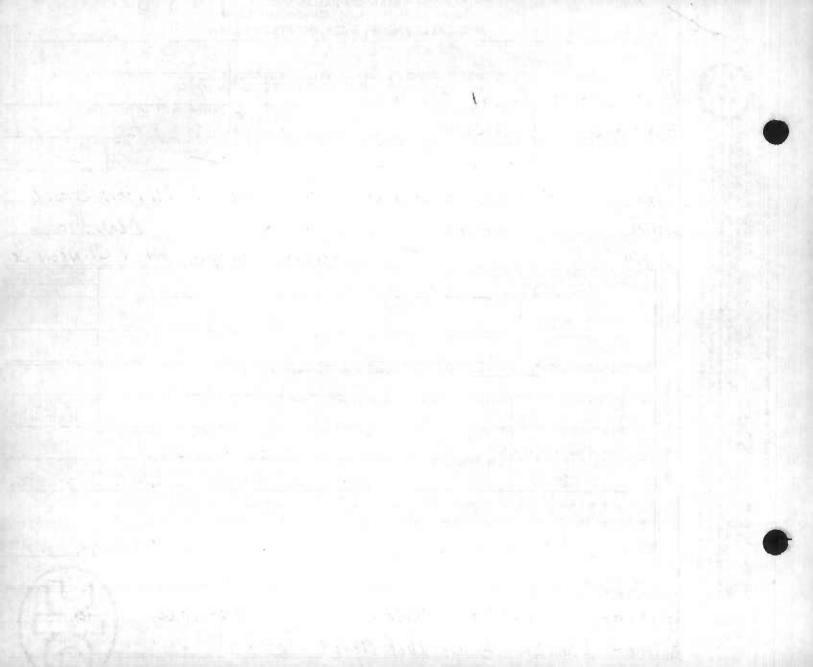
Nutter & Sons 25 & Gynns Fells Fay.

Figer 1 Home in . Molthore, Nd. 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 2b. HOUR TYPE OF PRINTS OF ESTI-DEATH MATED MANGUS DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE :36 YEAR LAST BIRTHDAY) PRONOUNCED DEAD 1984 HARYLAND 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Baltimore City Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 109 14 FATHER'S NAME NURS AFTER DEATH.

18. GIVE PAGES 1, 2
WITH FORM PM 3
IIT. PAGES 1 AND 2
; DIVISION OF VITA MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. **ADDRESS** 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, DI WATION, OR REMOVAL. APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if pny, which gave rise to immediate couse (p) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED AS OF HEALT 19a DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNRAL PRICE PAGE 3 SHOULD BE USED.

TO FUNRAL PRICE. PAGE 3 SHOULD BE USED. AFTER DEATH. WITH THE STATE DEPARTMENT OF HE. BALTIRMORE, MARKAIND, 91201 PRIOR TO BURIAL, () 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR MAN MONTH DAY ZOR. MEDICAL 3:40.M. 2-22- 19 21e PLACE OF INJURY (AT HOME, CONTRIBUTING TICAUSE OF DEATH 19 84 Pedestrian struck by auto. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK 100 blk. N. Clinton St., Balto. City, Md. street AT WORK 22a. I certify that I took charge of the remains described above, held an and in my apinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 2-23-84 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto. (TYPE OR PRINT) Ann Dixon. 23c. NAME OF CEMETERY OR CREMATORY STATE 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5) 20M 4/B2



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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKIT	ICATE OF	DEATH		REG. NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF D		DAY	YEAR	26 HOUR
(TYPE	OR PRINT)	Hai	Tie	Bell	M	ANNI	A) C	12	2	10	84	720
3 SE	X	TI PT	4 RACE	Den	5. DATE C		7	A AGE UN YEA	RS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 H
					MONTH	DAY	YEAR		,	MONTE		HOURS M
o RI	Femal			lack	1	9	09	74	YF			
	COUNTRY)	FOREIGN	/b CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER	MARRIED -	9. BALTIMORI	E CITY OR COU	NIY OF I	DEATH	
	. Caroli			S.A.	WIDOWE		NORCED		IMORE (CITY		
10 (ITY OR TOWN OF DE	ATH		HOSPITAL, NURSII		OR OTHER INS	NOITUTION	120 USUAL OF	CCUPATION OR MOST OF WORKIN		B. KIND O	F BUSINESS
	BALTIMOR		SAI	NT AGNE	S HOS	PITAL						
	AL RESIDENCE (IF NUR	1136 COUN		GIVE RESIDENCE BEFOR		a in in in in in in	CITY LIMITS?	13e. STREET AL	DDBECC			
M	arvland	130 0001		Balti		YES X			Wildwo	boo	Pkww	2122
Name and Address of the Owner, where	THER'S NAME						'S MAIDEN NA		HILLOW	, o a	LIEWY	4144
	James		H.	You	na	Mi	ttie		WIDDLE		Gee	
6a V	VAS DECEASED EVER	IN U.S. AR		16b. SOCIAL SECT		17. INFORM			ADDRESS		Gee	
	YES, NO OR UNKNOWN)		E WAR OR DATES)					. J. 1. d	1015 1			D1
	NO			212-30	-9100	ретс	ies wa	atkins	1012 /	итта		
	18 CAUSE OF DEAT PART I, DEATH W	H Enter on	ly one couse per	line for (a), (b), or	nd (c)		,			-	BETWEEN	MATE INTERVAL INSET AND DEA
			E CAUSE (o)	Caro	o res	Thina	tory	anes	4			
	4708					/						
	Conditions, if ony	1.1.1.1	DUE TO, O	RAS A CONSEQU		eestiv	0	1-1	- The a			
	gove rise to im-	nediate	(b)_	revice	COL	any	c wa	us pe	quie			
	underlying cause		DUE TO, O	r as a consequ	IENCE OF			U				
			(c)_									
z	PART 2 OTHER SIGN	VIFICANT (ONDITIONS CO	ONTRIBUTING TO	- //					GIVEN I	PART I)
NOL	Chron		trem	a - C		12 V		for the				
CATI	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERF	DRMED	200 AUTOP		YES, WE	RE FINDIN	GS USED OF DEATH?
CERTIFI			100					YES 🗌	NO	YES 🗀	/ CA03E3	NO 🗌
CE	21a ACCIDENT WAS UNI		216. TIME	E INJURY	AV VEAD	21c. HOW II	JURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	18 PART I C	OR PART 2)	
AL	OR CONTRIBUTING		1 2 P	M) MONTH D	198	IL						
MEDICAL	216 INJURY OCCUR		21e PLACE		170	211 LOCATI	ON					
ME	WHILE NOT WE	OLE	(AT HOME ST	REET FACTORY OFFICE	FARM ETC]	STREE	1		CITY OR TOWN	C	OUNTY	STATE
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	22a I certify that (I)		~ 12		h FI	< 0.	19 8 4	to	2.09	, 19_<	/	hot (I) (we) I
	sow the decease above, (1) (we) (ed olive on did) (did no	t) view the body	ofte death	on on	d that in (my) (our) opinion	death accurred	on the date and	hour and	from the c	ouses stated
i	226. SIGNATURE	3	-10			DEGREE					22c. DATE S	GNED
	- Ins	un	18				ATTENDING PHYSICIAN F	MEDICAL	STAFF PHYSICIAN			
	224 PHYSICIAN'S N.	AME LTYPE O	R PRINT)			22e ADDRE	SS					
	Ru	112	-NOO	c Tu,	MA	57	AFRE	c Hac	D. , BN.	17	1	10
										L1 ·	1	IV.
23a B	BURIAL, CREMATION,	REMOVAL					CREMATORY	23d LOCAT		3 - 1000	Jacky	MINE
	DOKTAL		2/15,	/ 04 C	eaar	Hill	cem.	Anne	e Arund	rer	0,	Mo

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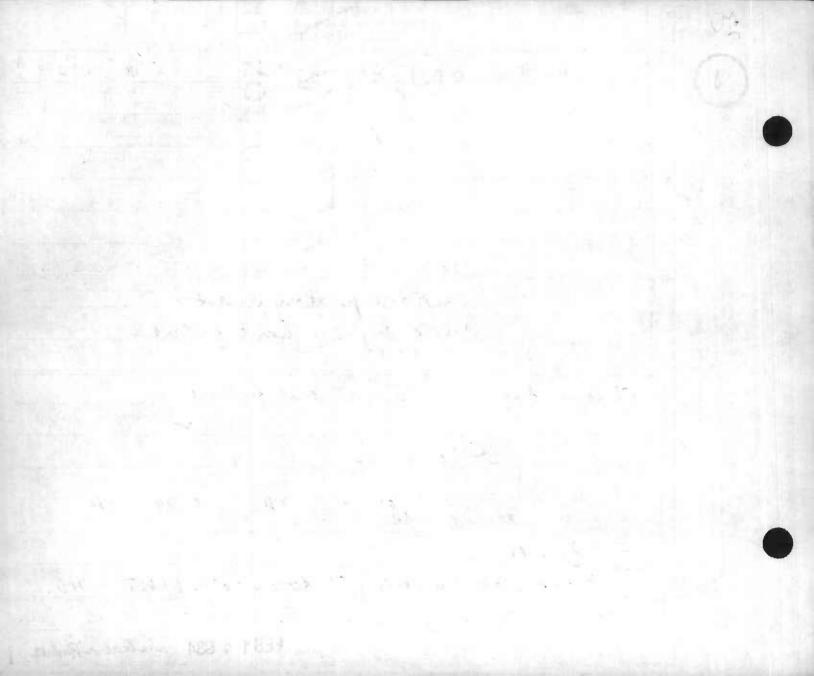
24 FUNERAL DIRECTOR

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR

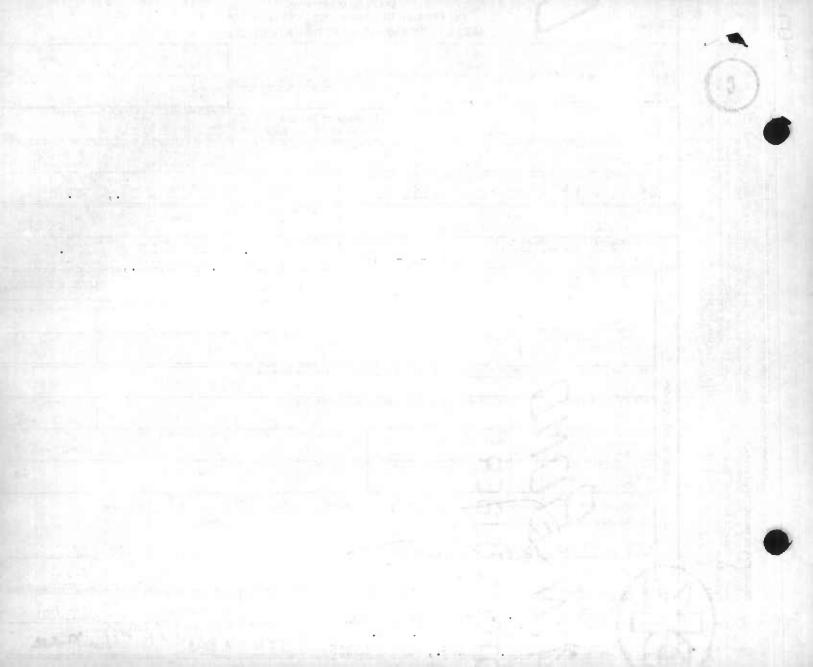
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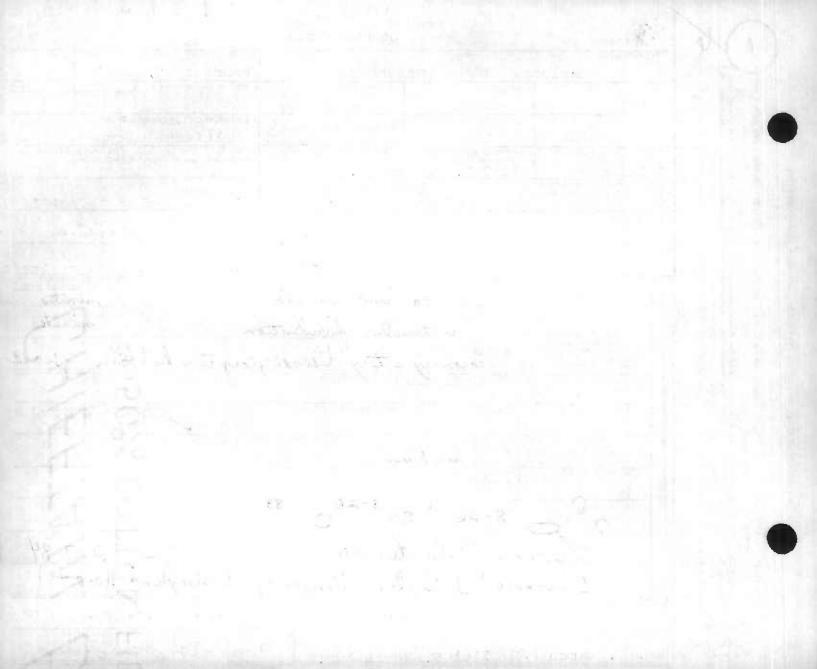
Wm C March F/H Inc. 1101 E North Avenue

b. By registrar 256 registrar's signature 4 1984 June Davidson-Randelle



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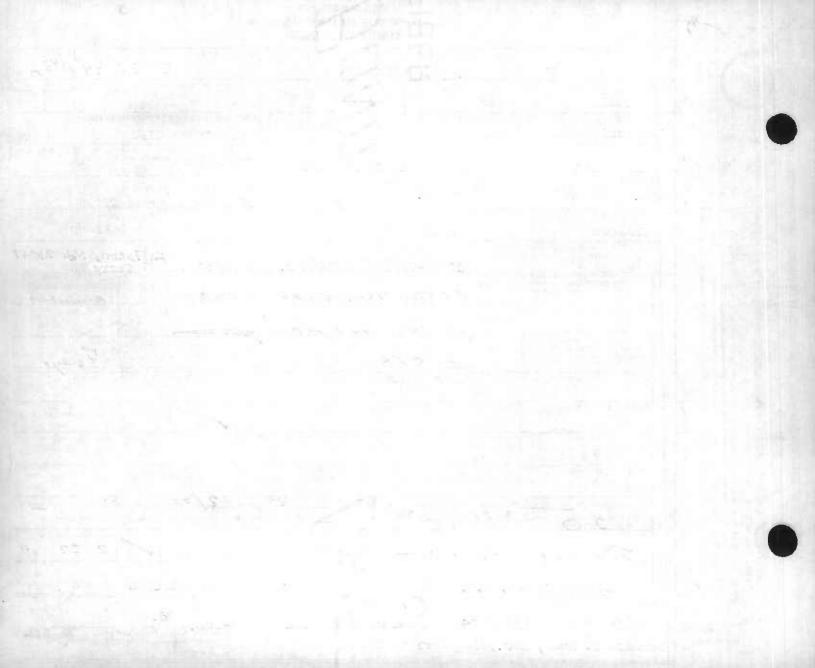
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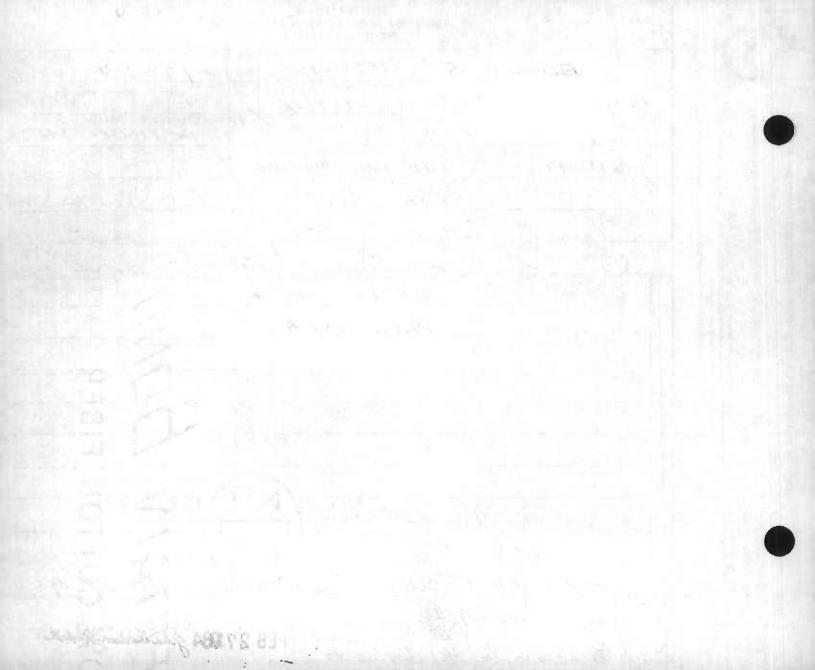
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE REG. NO).
	1. DECEASED NAME FIRST (TYPE OR PRINT) MARIE	MIDDLE F.7	MATEJKA	20. DATE OF DEATH	2 - 2 - 84 1/43 A
-	3. SEX	W.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
A	Female	White	8-2-99 DAY YEAR	84	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN CZECHOSLOVAKIA	76. CITIZEN OF WHAT COUNTRY $U.S.A.$	MARRIED NEVER MARRIED WIDOWED DIVORCED	DALMINODE	
L	10. CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF		WN 13d INSIDE CITY LIMITS	5704 The Al	ZIP CODE Lameda 21239
)	14 FATHER'S NAME FIRST Unknown	MIDDLE Paral	15. MOTHER'S MAIDEN FIRST	NAME	Unknown
	160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 219-30-		Matejka, Jr.,.	Fallston, NG. 21047 1317 Terry Way APPROXIMATE INTERVAL BETWEEN ONSET AND DE AIM
		, (6)	ble aggingtion	ERMINAL DISEASE OR COND	7 days
7	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1		ATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY	(IN ITEM (8 PART T OR PART 2)
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFILE ALWORK ALWORK ALWORK	21e. PLACE OF INJURY (AT.HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
		OR PRINT)	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	G MEDICAL STAFI	te and hour and from the causes stated 22. DATE SIGNED Z. ZZ. 84
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR Gardens of Faith	CITY OR TOWN	Ad. COUNTY STATE
	24 FUNERAL DIRECTOR Leonard J. Ruck,		25a. l	PEB 23 1984	256. REGISTRAR'S SIGNATURE



6	1.	FOR STATE REGISTRAR	DEF		OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 0 4 2	1 9	
(B)		CEASED NAME FIRST	MIDDLE	MA-	TELIS	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
4	3 SE		WARD S.	5. DATE O		6 AGE (IN YEARS LAST BIR)	23 /54-	AR IF UNDER 24 HRS
ge 4 m rrs afte	1 30	MALE	WHITE	MONTH	0/13/08	75	YRS DATE	
leath. Pa nnerol dir nn 72 hau	7a 8i	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED DIVORCED		COUNTY OF DEATH	erry
rs ofter a by the fu filed with		BALTI MURE		THERA	11:-0:	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	chool
filled in ould be	USU 13a	AL RESIDENCE (IF NURSING HOME SLATE 13b COI	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 130. ATY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	Tricker.	St. 21223
mpletely and 2 sh	14. FA	THER'S NAME	MIDDLE TUETO	0.4.	15 MOTHER'S MAIDEN NAM	ME	Samai	lasy .
Pogen 1		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL	SECURITY NO.	MINFORMANT MA	telis 101	Socol Pol	21229 e ave
physiciar papers. navol.		18 CAUSE OF DEATH (Enter PART). DEATH WAS CAUSE		bi, and ic	2 stroc		APPRO BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
th cert nding carbar or rer	10	4860 IMMEDI	ATE CAUSE (d)		•			
the deor		Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONDUCTOR OF AS A CONDUCTOR OR AS A CONDUCTOR OF A CONDUCTOR OF AS A CONDUCTOR OF AS A CONDUCTOR OF AS A CONDUCTOR OF A CONDUCTOR OF A CONDU		UON/A			
signed is burial to burial	NO.	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	G TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lta
on. bos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
ICIAN: TI 9 physicin ertificate ial-transif ntal Hygi em 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE			
IG PHYS offending fer this ci s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TTENDIN prtol or TOR. At for use a of Health		sow the deceased alive of	pital) attended the deceased in 2/2/3 nat) view the body after death.	m	that in (my) (our) apinion of	. 10	te and hour and from th	, that (1) (we) last he causes stated
TAI OR A y the hos RAI DIREC detoched rote Dept.		226 SIGNATURE	Il Cento	no	EGREE ATTENDING PHYSICIAN	MEDICAL STAR	F	TE SIGNED
HOSPI bined b FUNEI ould be th the S		228 PHYSICIAN'S NAME (TYPE)		UEN	220 ADDRESS W TT	tran)	Ites PI	TAC
		BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP DHMH - 16 50M 1/81		UNICAL DIRECTOR	1300	half (21223 PEPE	ROTERONIRA	A REGISTRAR'S SIGAL	hinte se
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	20	2724274	STATE OF MARYLAND	0 4 6	1	
- S	TATE	DEPART	CERTIFICATE OF DEATH			
		ALDDI F	TPAL		d DAY YEAR	2b. HOUR
		. 1	MATTHEWS	2		10 12 E
3 SEX	17 BV (1 1 1					IF UNDER 24 HRS
	Male	Cauc	MONTH DAY YEAR	61	MONTHS DAYS	HOURS MIN,
		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH	
		US.A.	WIDOWED DIVORCED	UN140.	CITY	MD.
R	OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STREET		TERE OF WORK FOR MOST OF WORK		of Business or
	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		UNIT OF	7010
	MX.	palto 1	YES NO	3445 Mc	Shane W.	AY 21222
14 FATH	ER'S NAME	AUDDIE IN ! LASS !	15 MOTHER'S MAIDEN NA	ME	R (AS	or if
11	romas :	> 14xtt	rews £ IUA	ADDRESS	Du	RNell
		VE WAR OR DATES)	1410 TARIS	hlatella 15	5445 MG	Shave
	100		6168 TKENE	MAITHEWS	UN V O	MATE INTERVAL
18	PART I. DEATH WAS CAUSE	DBY: Caldian			BETWEEN	ONSET AND DEATH
	150 GIMMEDIA	TE CAUSE (U)				
	onditions if any which	DUE TO, OR AS A CONSEQUE	NCE OF	e		
9	gove rise to immediate		/			
P.	ART 2. OTHER SIGNIFICANT	(1)		AINAL DISEASE OR CONDITIO	N GIVEN IN PART 10	0
NO NO	Suner	pontralar tac	lycard i a			
ICAT	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGERTIFYING CAUSES	NGS USED OF DEATH?
E	11987	Cop. of		YES NO	YES 🗌	NO 🗌
	R CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	KED (ENTER NATURE OF NJURY IN IT	EM 18 PART I OR PART 2)	
21		21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY	STATE
		(AT HOME STREET, FACTORY OFFICE, F	ARM ETC) SIRECT	CHIOMIONN	COUNTY	JIAIC
27	a. I certify that (I) (this hosp	ital) attended the deceased from_	, 19	, to	, 19,	that (I) (we) lost
	sow the deceased alive on above. (1) (we) (did) (did no	1919	ond that in (my) (our) opinion	deoth occurred on the dote on	d hour and from the	couses stated
27		1	DEGREE	LUL SEPTEM	22c. DATE	SIGNED
	Thenda	full 12	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2 00	23-84
27	d PHYSICIAN'S NAME (TYPE	The second of th	22e ADDRESS		1	
	Rhonda	. Itsfrel we	7			-
23a. BUF	IAL, CREMATION, REMOVAL	23b. DATE 23c. 1	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	SATME D
	Dufital	2-27-845		s ballo.		Ma
24 FUN	ERAL DIRECTOR	ADDRESS	263 S. CONK/14 250. DAT	P P T 400 A	EGISTRAR'S SIGNAT	URELEC.
10	seph N.L	ANNINO JR.	SPHOMAZIENA	0 4 1 1304		
	- ST RITTON AND THE COLUMN AND THE C	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH BOLL 1 USUAL RESIDENCE (IF NURSING HOME OF 130. STATE (IF YES, OR OBJUNKNOWN) 18. CAUSE OF DEATH LENTED OF 140. STATE CONDITION OF COUNTRY OF 150. STATE 19. DATE OF OPERATION 19. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE COUNTRY 3. SEX 4. RACE COUNTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GWE STREET, STATE WAS DECEASED EVER IN U.S. ARMED FORCES? 14. FATHER'S NAME 18. COUNTY 18. FATHER'S NAME 18. COUNTY 18. CAUSE OF DEATH Enter only one couse per line for 101, (b), one PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONDITIONS CONTRIBUTING PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E SUMMEDIATE 19. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMER) 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMER) 210. SIGNATURE 210. SIGNATURE 211. CERTIFY OF OPERATION, REMOVAL 212. SIGNATURE 213. SIGNATURE 214. PHYSICIAN'S NAME (TYPE OR PRINT) 215. SIGNATURE 216. SIGNATURE 217. SALES 218. DATE 218. CAUSE OF INJURY (INTURY) (DEPARTMENT OF HEALTH AND MERT ALL HYDER STATE REGISTRAR DECESED NAME (TYPE OF PRINT) A PROST A RACE A RACE	DEPARTMENT OF HEALTH AND MERT ALL HYGIENE REGISTRAN R	DEPARTMENT OF HEALTH AND METAL HYGENE CERTIFICATE OF DEATH REG, NO. DEFECTACE NAME (1772 OF MANT) DEFECTACE NAME (1772 OF MANT) AD ATE OF DEATH REG, NO. DEFECTACE NAME (1772 OF MANT) AD ATE OF DEATH NOTIFICATION AD ATTHEWS A AGE (INVERSISERION) TO AND THAT SOUTH T

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) TATTHELLS BHNN16 4. RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 3. SEX YEAR MONTHS DAYS Male **Black** 17 67 YRS. TO BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Carolina WIDOWED X II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFET BALTIMORE PROVIDENT HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore Tucker Lane YES X NO [2211 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Benjamin Matthews Mary 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES 214-12-3640 Sheron Matthews 2211 Tucker Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), |b), and (c).
PART I. DEATH WAS CAUSED BY: CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à. IN CERTIFYING CAUSES OF DEATH? NOF YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STREET. NOT WHITE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 4/2 3 above, (I) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the ROYAL II, ME

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C MArch F/H Inc. 1101 E North Avenue

2/28/84

236. DATE

23a BURIAL, CREMATION, REMOVAL

SBURIAL

Julia Daydoor

23d LOCATION

Balto, National Cem Baltimore,

2b. HQUR

12h, KIND OF BUSINESS OR

LAST

Apt.A-4

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Md . STATE

COUNTY

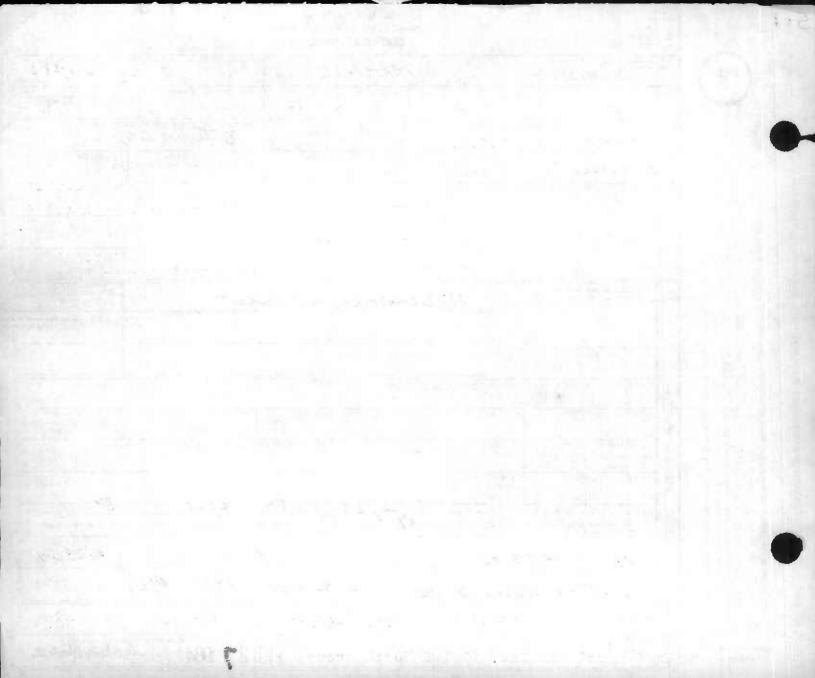
22c. DATE SIGNED

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IF UNDER 24 HRS



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STATE OF N

1 - STATE REGISTRAR		CERTIFICATE		REG. NO).		
	ITLLIAM LOUI	S MAUCK	<	20. DATE OF DEATH	2 9		2:55a M
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UND		UNDER 24 HRS
Male	White	Sept 29	9,1912	71	YRS.		MIN.
Madison Co.	II C A	MARRIED N	DIVORCED .	9. BALTIMORE CITY OF BALTIMOR		EATH	MD
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160 WAS DECEASED EVER IN 1785, NO OR UNKNOWN) YOS	E YES GIVE WAR OR DATEST		Mrs. Dais	y P. Mile	s (Dau		TE INTERVAL
	the lost. CANT CONDITIONS CONTRIBUT	Lung		WITE WALL DISEASE OR COND	20b. IF YES, WER	RE FINDINGS	
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4 (4F EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTOR		OCATION STREET	CITY OR TOW	'N CC	OUNTY	STATE
270 I certify that X) (the sow the deceased above. (j) (we) (did: 27b SIGNA) IRF	is hospital) attended the decease alive on <u>FEB</u> 9 (did not) view the body after dea	19 <u>84</u> , and that i	in (our) opinion d	to <u>FEB</u> leath accurred on the do	te and hour and	from the cou	
Clarence	Smith, M.D.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	2. DATE SIC	
22d. PHYSICIAN'S NAM	inene Bruth 40			H RAVEN BLVI	21218		
Burial, Cremation, Res	236. DATE	Walkers N		23d LOCATION CITY OF TOWN Madiso	n Mill:	s. Va	STATE
Preddy Fune:	ral Home Oran	ADDRESS	So Dale	REC'D. BY REGISTRAR	75b. REGISTRAR'S	SIGNATUR	E

Va.

DHMH - 16 50M 4/83 (VRA 15, 4)

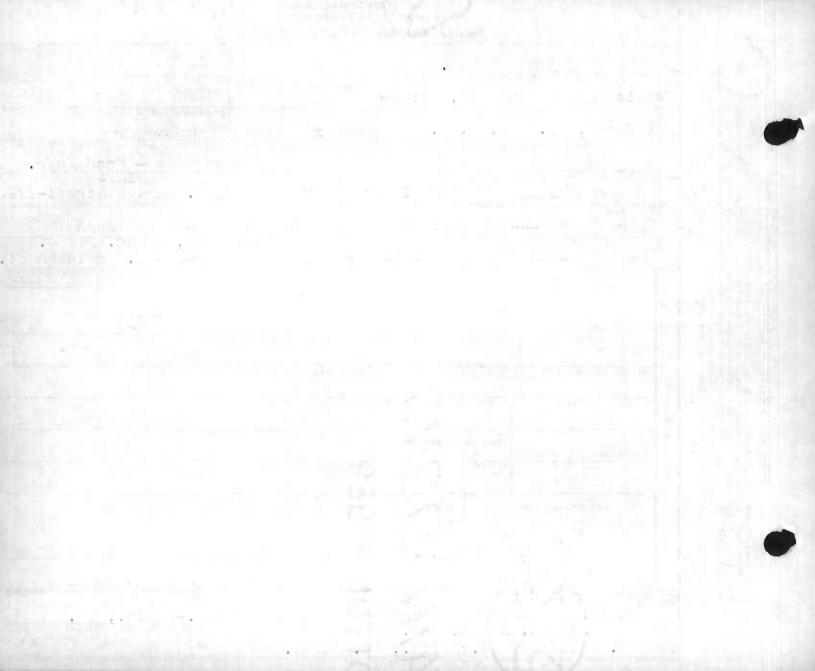
Funeral Home

. BO Francis Clark State Appel Color to the second of t and the state of t . . LANGUAGE BERNELLENGE ON WELLENGE BERNELLENGE AND ARTER AND AREA

DEPARTMENT OF HEALTH AND MENTAL HYCHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MAZEL DEATH MATED X FRIEDA 19 84 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 2d. HOUR DATE July 10, 1897-86_{RS.} PRONOUNCED 1:20 Female White 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. U. S. A. WIDOWED T DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Custodian - Food Mnfg. 25 N. Curley St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 3n STATE Baltimore Curley Street-2122 Md 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Henry Kellner Elizabeth 17 INFORMANT Baltimore, ADDRESS Md. 21224. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 217-09-5085 Edward Kellner-316 S. Robinson St. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congestive heart failure DIVISION OF VITAL RECORDS, 201 W. PRESTON ST MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION ARDED TO THE CHIEF A AGE 3 SHOULD BE USED ATE DEPARTMENT OF HE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WANTED
PAGE A SHOULD BE FORWARDED
TO FUNERAL DIRECTOR, PAGE 3
AFTERDEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Natural causes X Accident Hamicide ____ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant DATE 2-4-84 SIGNATURE 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. 236. NAME OF CEMETERY OR CREMATORY ial 2/7/84 Sacred Heart of Jesus Cem.-Balto., Md. CTORJohn A. Moran, Inc. Funeral Homepaterec'd by REGISTRAR 256 REGISTRAR'S SIGNATURE Baltimore St.; Balto., Md. 21224. FEB 6 1984 Burial DHMH - 17 (VR A15 ME (5)

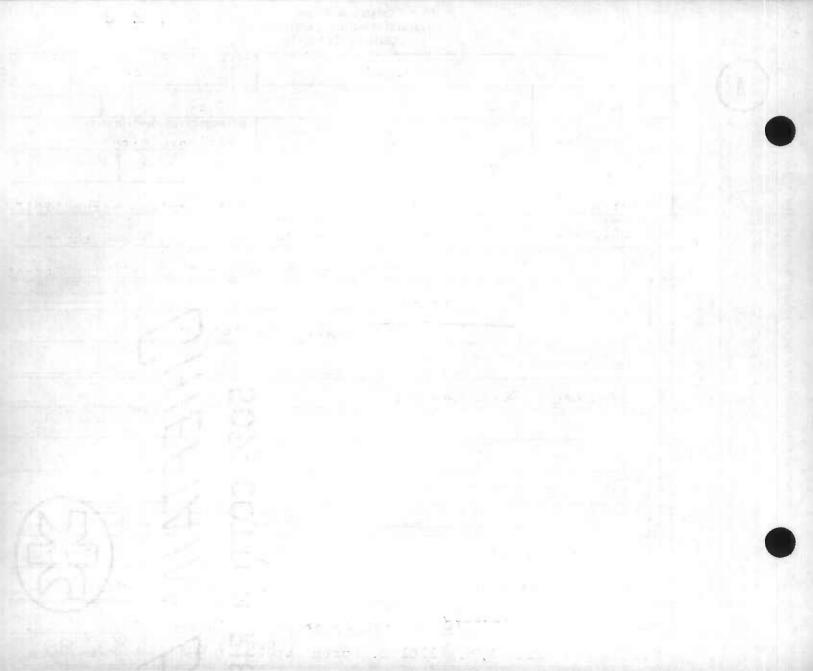
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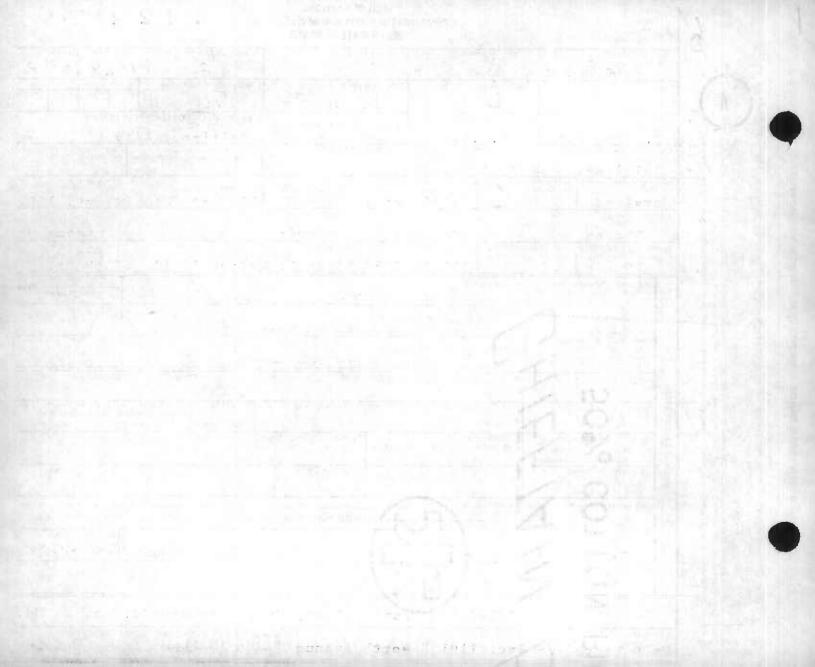
STATE OF MARYLAND

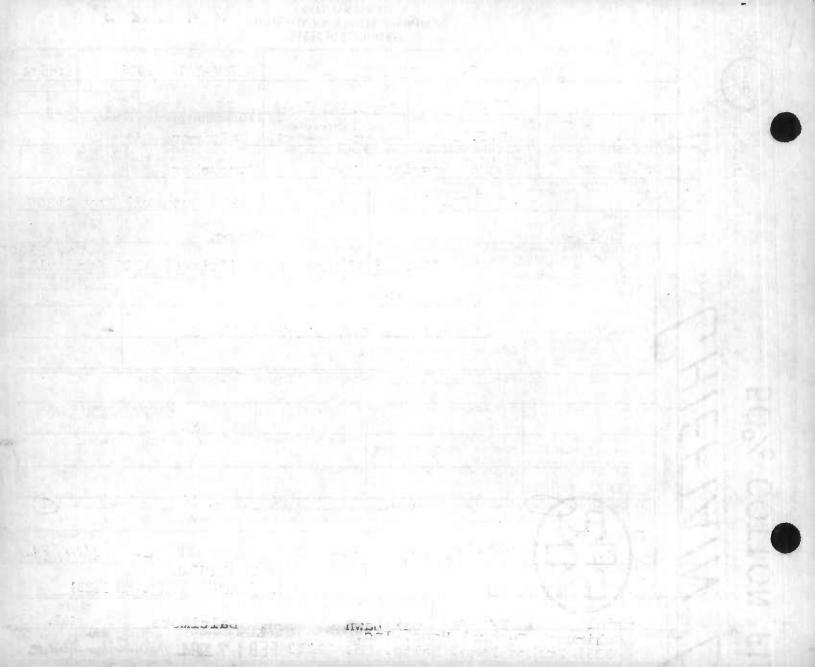


- P	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TAL HYGIENE TH	42	22
B		CEASED NAME FIRST OR PRINTS WILLIE	MIDDLE	MCBON 15. DATE OF BIRTH	20. DATE OF DE	2 2 SLAST BIRTHNAY)	184 545 PM
th. Page 4 72 hours of	7a. BI	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUN	MONTH DAY E 15	RIED C PALTIM	YRS. WRS.	OF DEATH
of the time	in c	TY OR TOWN OF DEATH	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUT		CUPATION R MOST OF WORKING LIFE	MD. 12b. KIND OF BUSINESS OR INDUSTRY
thin 24 heart ely filled in the should be the	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER) TATE 13b. COUNTY (THER'S NAME			D 461	ORESS / ZIP CODE	derick Rd. e188
d complete with the control of the c	16a V	HELUIN MID	D FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ubeth '	ADDRESS 2831 Suns	Chandler
ficate be executively bysician and copages papers. Pages navol.		(# YES, GIVE W	1248-	10-95A2 Will:		2031 Sunso Baltimore	et Drive Md. 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death cerning a signed by the ottending. Then please remove carbo to burial, are motion, ar reminjury, or other traumatic e	NO	Conditions, if only which gove rise to immediate couse (o), stofing the underlying cause lost. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	wresections	THE TERMINAL DISEASE C	or CONDITION GIVE	EN IN PART Ito:
i. The low residian. sician. nost permit. I ygene prior shaws any ir	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORME	YES 🗍 N	IN CERTIFY YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The lo ending physician. this certificate hos he burial-transit per and Mental Hygiene plant and Mental Hygiene plant and ar them 18 shaws and are the shaws and are th		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	Y OCCURRED (ENTER NATUR	E OF INJURY IN ITEM IB PA	ART I OR PART 2)
G P onte	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	7	3	S-45P	COUNTY STATE
ATTENDIN Sprital or of CTOR: Afr of or use or of the alth n 21 is man		22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	26,27	198, and that in (my) (our	opinion death occurred o	in the date and hour	ond from the couses stored
PITAL OR A by the hose ERAL DIREC e detoched Stote Dept.		22h. SIGNATURE 22d. PHYSICIAN'S NAME HIPPE OR PI	Thee d		NDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	22¢ DATE SIGNED
TO HOSPITAL Cretoined by the TO FUNERAL Established be deton with the Stote Eliminatorial Mapportant; if	-	(TULIAN C	U. REED. 1	M.D. 6115		- BAGO	Me 21231
BP		Burial	23b. DATE 2-25-84	23. NAME OF CEMETERY OR CREM Cedar Hill Co	em Bro	oklyn. A	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Chas. A. Rice	FSPA 1300	RESS Eutaw Pl	25a. DATE REC'D. BY REG		vidson-Randall

ESSILONUOL DI CASO DEL . O ULLE. 0 0 0 0 00 James and Land Cold to the control of the control o







REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST	WIDDIE	L	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
Larki	n L.	McC	ormack		29	84	5 AM
3 SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIE		FUNDER I YEAR	IF UNDER 24 HRS
Male	White	10	22 1957	26	YRS.	ONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
Maryland	U.S.A.	WIDOWE	D 20 METERIAL DIRECT	Baltimo	re Ci	tv	MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		120 USUAL OCCUPAT	ON	TIZE KIND O	F BUSINESS OR
Baltimore	Baltimore C		ospital	Laborer	F WORKING LIFE	Beth	. Steel
USUAL RESIDENCE (IF NURSING HOME (OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION)					
	ltimore Dunda		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	born	Road	21222
FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ΛE			
John FIRST	McCormac McCormac	ck	Evelyn	WIDDLE		Niem	
160 WAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDR	551908		orn Roa
NO	214-72	-7562	Jane A. Mc				D. 2122
18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b),	and ici.i				_	MATE INTERVAL DNSET AND DEATH
PART I. DEATH WAS CAUS	SED BY.		monorm ament			BLIWEEN	SINSET AIND DEATH
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190 DATE OF OPERATION 2/2/8 4	nd stor rend d	li seas e					
4 190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
2/2/84	renal	transple	ent	YES NO	YES	ING CAUSES	NO []
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OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	City Ox 10	***	COOITI	SIAIL
220 1 certify that (1) (this has	pital) attended the deceased from	m		, to	, 1	9	that (1) (we) last
saw the deceased alive a	nat) view the body after death.	. or	nd that in (my) (our) opinion d	leath occurred on the d	ate and hour	and from the	causes stated
22b. SIGNATURE	A. A.		DEGREE			22c. DATE	SIGNED
n	1. A. Ruge	^	10 ATTENDING PHYSICIAN	MEDICAL STA	FF IAN X	21	1/84
224 PHYSICIAN'S NAME (TYPE			22e ADDRESS				
	LUNGE		Butio	me lity	Hospe	had	
230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23	RAME OF C	EMETERY OR CREMATORY	23d LOCATION			
Burial	2/13/1984	Garde	ns Of Faith	Baltim	ore	COUNTY	arvland

DHMH - 16 50M 1/81 (VRA 15, 4)

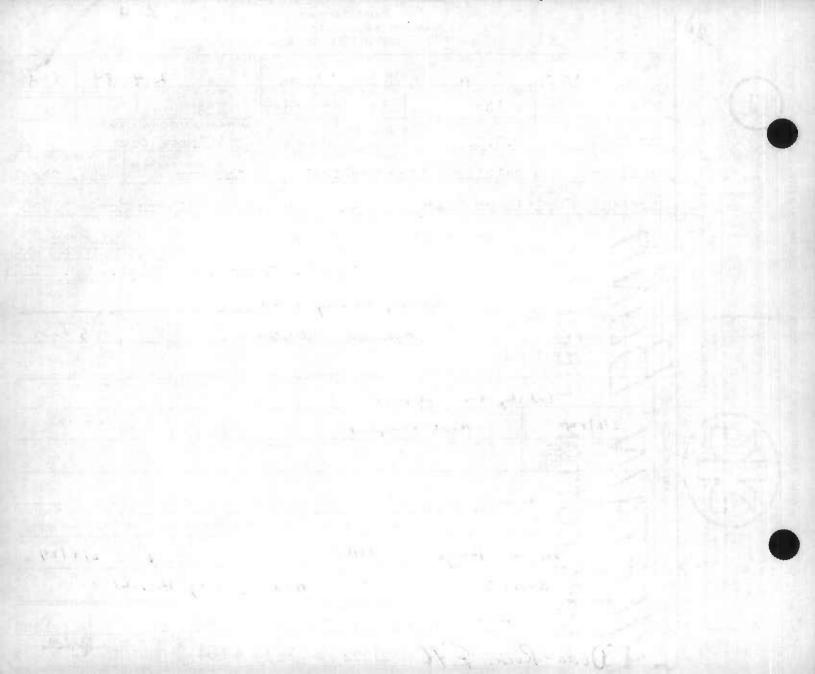
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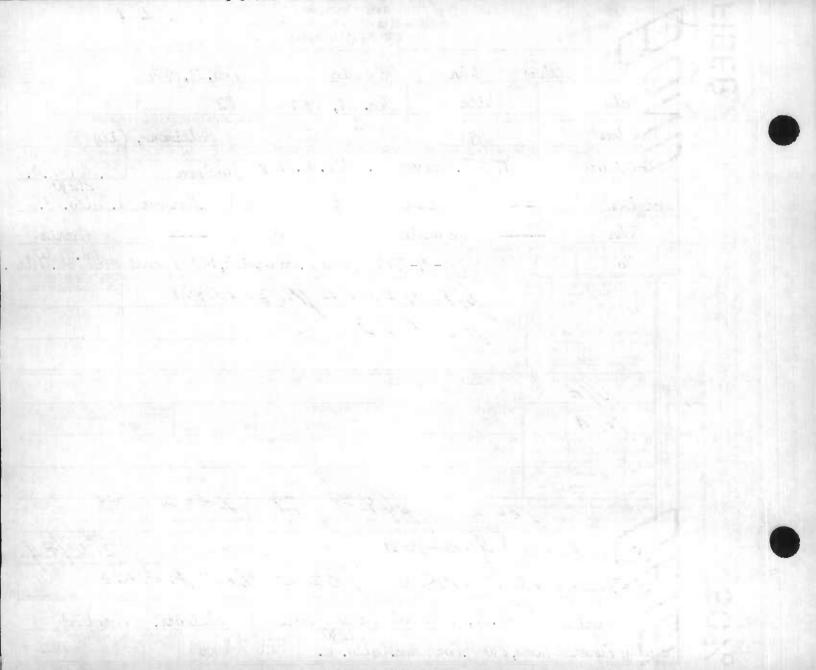
24 FUNERAL DIRECTOR

21222

Baltimore 250 DATE RECD. BY REGISTRAR SHAREGET RANS SIGN

Maryland

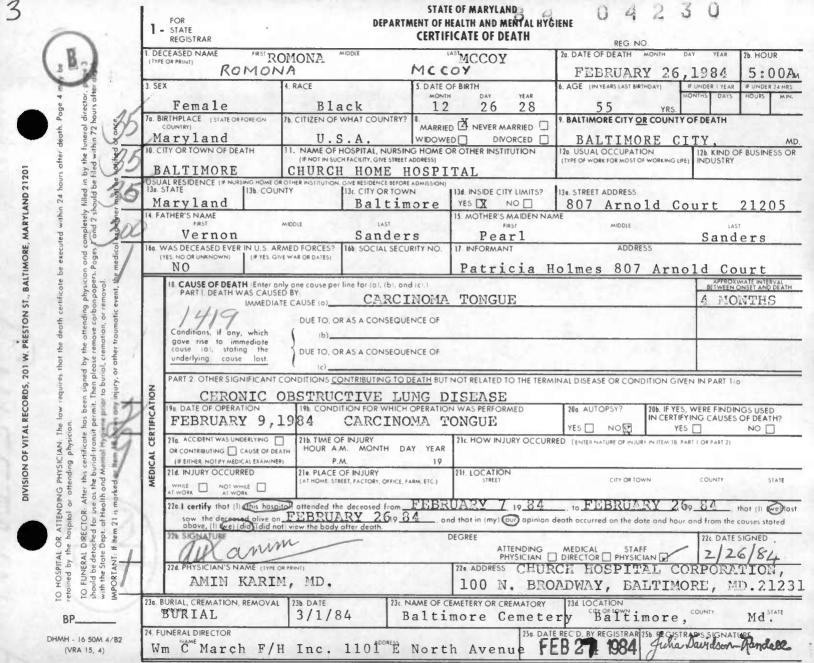


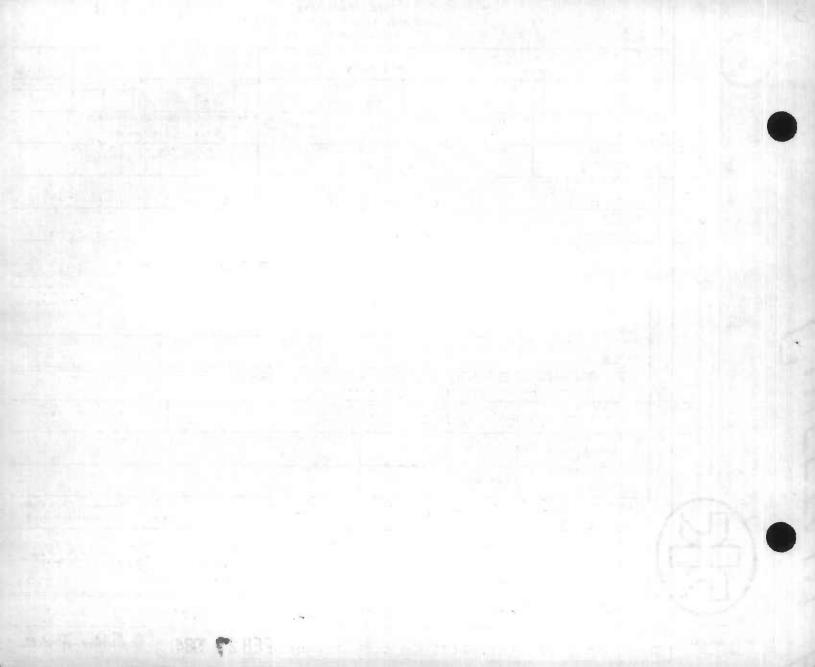


LI 6	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE REG. NO.	28
5 5 4		CEASED NAME FIRST UILLIE	MIDDLE	MC. CORNELL-	20 DATE OF DEATH MONTH	11 84 9:26 M
To may I	3. SE	· · · · · · · · · · · · · · · · · · ·	BLACK	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
() is ()	7a B	RTHPLACE ISTATE OR FOREIGN 7	IS A	ITRY? 8. MARRIED D NEVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COL	INTY OF DEATH MORE CITY MD
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E, MARYLA campletely il and 2 sh	14. E.	ATHER'S NAME GUSTRANK "	MCCO:	RNELL 15. MOTHER'S MAIDEN NA	WIDDLE	LAST
In and co	133		MED FORCES? 166. SOCIAL 426-	SECURITY NO. 17 INFORMANT 90-7859 Jannie McC	ADDRESS Cornell 3308	Remly Street
ST., BALT		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY: MARCO	B	dema.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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R ATTENDII hospital or IRECTOR: A hed for use ept. af Heolit them 21 is mo			ol) ottended the deceased the view the body ofter death.	19 84, and that in (py) (aur) opinion	to 2111 death occurred on the date an	d haur and from the causes stoted
OR DIR		Wilmoth A	1. Bater I		MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED 211/84
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DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director m Č March F/H	Inc. 1101°	RESS North Avenue	FEB 16 1984	GISTRAR'S SIGNATURE

MARKET MILLER TRANSPORT TO THE PROPERTY OF THE MALE BLACK 1 07 H LAND EACTLING # LETCH MAR MI YEA HORE BROWNING MD CHANGE F BEST CERTIFIE (BAS) MOCCHINELL MINNIE The state of the s THE THE THE THE THE Alaba Tidas S local States H H Law I'm more than the time of the

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	7a. BI FO V (YY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) PA 1D CITY OR TOWN OF D Baltimor SUAL RESIDENCE (IF IN 13a. STATE MD 14 FATHER'S NAME FIRST MICHAE MICHAE 160 WAS DECEASED EVI (YES, NO, OR UNKNOWN) NO 18 CAUSE OF DE PART I DEATH Conditions, if gove rise to couse (a) statilying couse lo PART 2 DTHER SIGNIFIC UNDERLYING [CONTRIBUTING	STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) ROSEM 3. SEX 4. RACE F W 70. BIRTHPLACE (STATE OR FOREKON COUNTRY) PA 1D. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR 136. STATE STATE MD 14. FATHER'S NAME FIRST Michael 160. WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED MMEDIAT Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS OF UNDERLYING OR CONTRIBUTING CAUSE OF DE 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 216. 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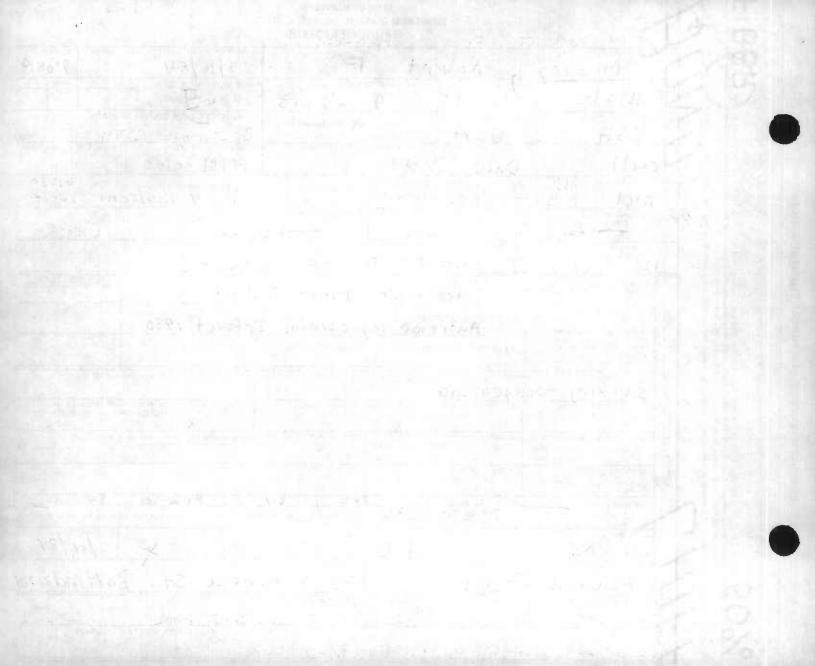
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	1. DE	CEASED NAME	FIRST		MIDDLE	LAST		2a. DATE KNOWN		AY YEAR	2b. HOUR
See a	(ITP)		PAUL	JENNINGS	JONES	McDONA		OF ESTI- DEATH MATED	~ 2) 07		٨
SA STREET	SEX	la le	White	5. DATE OF BIRTH MONTH DAY 3 25	YEAR LAST BIRTHE			S. 2c DATE PRONOUNCED DEAD	2-23-84		8:43
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PAGE S	B B	altimore	DEATH	240 5550171	TITAL, NURSING HOM	n Park Av	ioniio F	USUAL OCCUPATION OR MOST OF WORKING LIFE) Sabled - S	TYPE OF WORK 12b	OR INDUSTR	
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2 22 2		966	IMMEDIAT	E CAUSE (a) S	or (a), (b), and (c).) tabwounds o AS A CONSEQUENCE				E	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
W. PR WITH MINER MINER TRAN OR RE		gave rise	if any, which to immediate iting the <u>under-</u> lost.	(b)	AS A CONSEQUENCE	OF					
L RECORDS, 201 ULD BE EXECUTED "PENDING" IN F F MEDICAL EXA PA BURIAL HEATH AND M HEATH AND M FEMATION,	NO	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR COND	IITION GIVEN IN PART 1 a			1	
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DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD " RES SHOULD BE SEE STANDILL BE SEE ES SEARRANEN OF PRIOR TO BURNA		210. EXTERNAL (UNDERLYING) CONTRIBUTING		21b. TIME OF HOURX XXX DEATH ? P.M.	MONTH DAY YEA	D .	ury occurred LENI	ter nature of injury in item	A 18 PART I OR PART 2)		
DIVISION THIS CERT E, WRITING RWARDED PAGE 3 SI STATE DEPAGE 3.5. (21201 PR)	MEDICAL	21d INJURY OCCUMNILE AT WORK	OT WHILE	STREET FACTO	FINJURY JATHOME, DRY, FARM, ETC.)	21f LOCATION		son PR. Av	e. Balto	.,Md.	STATE
AMINER: STIFICATE BE FORV ECTOR: ITH THE S	1	220 I certify t death resulted	hat I took charg		Accident , S	_	DD.	, Inquiry , , determined manner	and in my apinion	n	
EDICAL ITE THE A SHOOPEATH WORE,		SIGNATURE	WE W	ore un	e March	100	111 Por	nn Street	DATE SIGNED_	2-24-	84
	23a B	(TYPE OR PRINT) URIAL, CREMATIC PECIFY) Remo	N, REMOVAL 2		. Korell, M	METERY OR CREM	22	LOCATION	COUNTY	ST	ATE
DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTO		4 D D D C C C	Balto.,	Md.	FEB 05	BY REGISTRAS 256. R	Baundson-Na	noare	

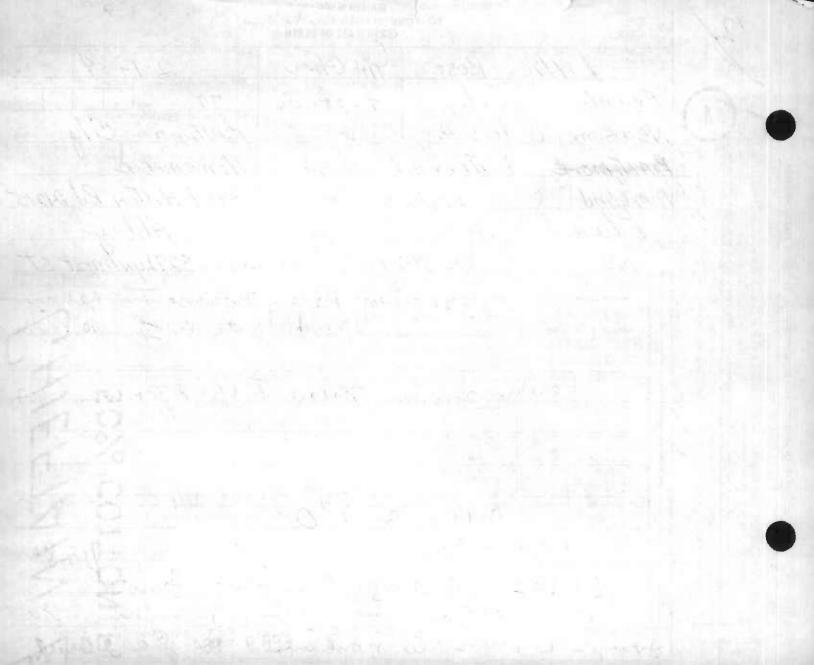
1	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O GI	2 3 4
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fer o	3 SE	MALE	4 RACE BLACK	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
12/10		RTHPLACE (STATE OR FOREIGN COUNTRY) CAR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWEX DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH
bold of the state	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN CIF NOT IN SUCH FACULTY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR
filled in b	USU 13a.	AL RESIDENCE (IF NURSING HOME O	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE		2231 WALBROOK	AVE. 01216
and 2 sh	AD.	ATHER'S NAME FIRST	McDowell.	15. MOTHER'S MAIDEN NA	AME	LAST
opers. Poges 1.		VAS DECEASED EVER IN U.S. AI YES, NOOR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) A226-22-		2231 WALBROOK	Ave.
, been signed by the ottending rmit. Then please remove corb prior to buriol, cremotion, or r cony injury, or other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT		-	20a AUTOPSY? 20	ON GIVEN IN PART 110
certificate hos riol-tronsit per entol Hygiene Item 18 shows		210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP	YES NO. PA	YES NO
h and Mental Hy	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	MIN	21f LOCATION	CITY OR TOWN	COUNTY STATE
of for use of Health		saw the deceased alive a	oital) attended the deceased from_n_19_at) view the body after death.	, and that in (my) (aur) opinion	to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ond hour and from the causes stated
TO FUNKRAL DIRECTOR should be detached for u with the State Dept. of the MAPORTANT: if them 21 is		(36 Ke	been of sentil	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2126/01
should be det with the Stote IMPORTANT:	730	BURIAL, CREMATION, REMOVA	berono 1236.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION a	
		BURIAL	3-1-84 N	H. Auburn Ce	m Balto.	Malounty STATE
50M 4/B2 15, 4)	LE	ROY AU. DYETT 46	00 LIBERTY HGTS.	AVE. MA	P 5 1984	REGISTBAR'S SIGNATURE

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0 X5	1-	FOR STATE REGISTRAR ROBS G		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYCE ERT IFICATE OF DEATH	GIENE 0 4 2	3 3
1/75		CEASED NAME FIRST	, Robert	LAST	20. DATE OF DEATH MON	11H DAY YEAR 26 HOUR 9:08 F
for bog	3. SE	male		DATE OF BIRTH MONTH OAY YEAR OAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	
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The state of the s		Balt Balt	1. NAME OF HOSPITAL, NURSING HE (HENOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	25
33	130 5	MCI Ba	THER INSTITUTION, GIVE RESIDENCE BEFORE ADI	11/4 13d. INSIDE CITY LIMITS?		19/com Civele
11- 12 M30	MIFA	- CHARLES	H. NCCARRY	15. MOTHER'S MAIDEN NA	LRTHA	ORYER
be execu			ED FORCES? 166 SOCIAL SECURIT		ADDRESS RECORDS	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death certificate ted by the attending physici please remove carban paper trial, cremation, or removal. , or other traumatic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (b) ANTECION (b) ANTECION (c) (c)	myo cardial EOF		
he low requires on. has been signe permit. Then p ene prior to bur	CERTIFICATION	1 1	ENTERPORT OF A CONTRIBUTION TO DEA		200 AUTOPSY? 20	DN GIVEN IN PART 110 b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
3 PHYSICIAN: The trending physicion in this certificate he buriol-transit ond Mental Hygie ed or frem 18 she	MEDICAL CER	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM	YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2) COUNTY STATE
TTENDING spital ar a TOR: Affe for use as of Health		220.1 certify that (I) (this baseite sow the deceased alive on obove, (I) (we) (did) (did not) 226. SIGNATURE	Yew the body ofter death.	Y, and that in (my) (our) opinion DEGREE	death occurred on the date of	22c. DATE SIGNED
HOSPITAL inned by th FUNERAL sold be dete th the Stote		H KODEN 276 PHYSICIAN'S NAME (1YPE OR HOWARD	Rosen	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN VERNE ST	2/16/84 Balt Md 212
BP Of S A S A S A S A S A S A S A S A S A S		URIAL, CREMATION, REMOVAL SPECIFY)	_	ME OF CEMETERY OR CREMATORY	BALTI MORS	COUNTY
DHMH - 16 50M 4/B3 (VRA 15, 4)	1	UNERAL DIRECTOR	FCHims 2325	YORK ROAD FEE	The second of the second	REGISTRAY'S SIGNATURE



2/	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
deorth		CEASED NAME FIRST / C ROSE SCALE OF DEATH MONTH DAY YEAR 26 HOUR A RACE OF DEATH MONTH DAY YEAR 26 HOUR A RACE OF DEATH MONTH DAY YEAR 26 HOUR A AGE (IN YEARS LAST BRITHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Dige 4 m	1	Female Col. V MONTH 7-28-06 77 YRS. MONTHS DAYS HOURS MIN.
death. P	70. B	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY! WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH AND INDIVIDUAL DIVORCED MARRIED MARRIED
by the f	B	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUPPLY WITH, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 110. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 111. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 112. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 113. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 114. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 115. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 116. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 117. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 118. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 119. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) INDUSTRY 119. MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) 110. MAME OF HOSPITAL LIFE HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) 110. MAME OF HOSPITAL LIFE HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE) 110. MAME OF HOSPITAL LIFE HOME OR OTHER INSTITUTION (TYPE OF JORK FOR MOST OF WORKING LIFE LIFE HOME) 110. MAME OF HOSPITAL LIFE HOME OR OTHER HOME OR
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DHMH - 16 50M 4/82	9	UNERAL DIRECTOR DORSON DORSO



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TO FUNERAL DIRECTOR: After the confidence has been signed by the oftending physician or should be detached for use as the lighted in the please remove corbompopers. Powith the State Dept. of Health and Merital Hariene prior to buriol, cremation, or removal.

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYG
- STATE REGISTRAR	CERTIFICATE OF DEATH

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REGISTRAR		100		CERTIF	ICATE OF DEATH	REG. N	Ю.		
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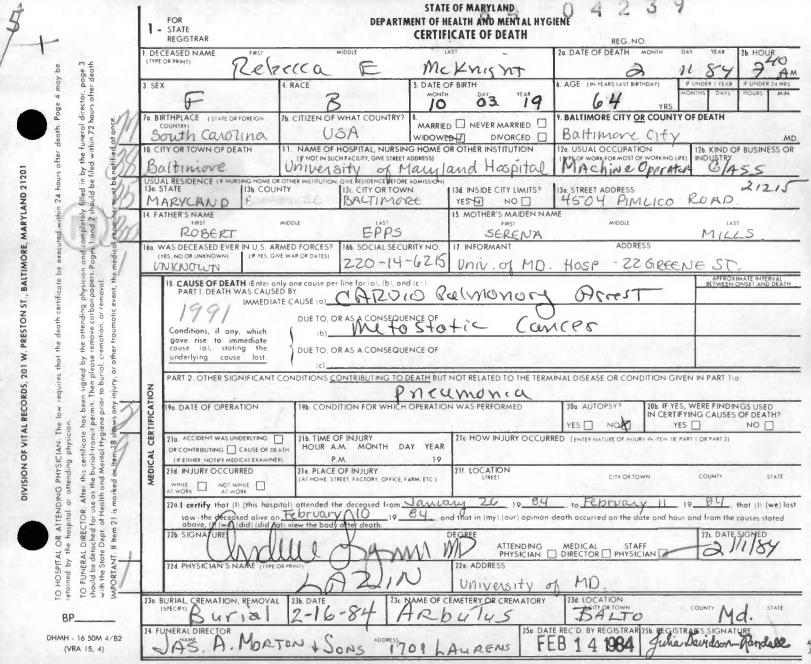
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leath resulted from: No TUAL GNATURE AMINEP'S NAME	otural causes X.	Accident .	SuicideA	Homicide	Undetermined manner	DATE SIGNED_	2/27/84
AL, CREMATION, REMOVAL Burial	3/2/84				23d LOCATION CITY OR TOWN Baltimore	e. Md.	STATE
The state of the s	NDERLYING OR OR ONTRIBUTING CAUSE OF INJURY OCCURRED WHILE TWORK AT WORK 220 I certify that I taok che death resulted from: No CTUAL GNATURE AMINER'S NAME (PE OR PRINT) AL, CREMATION, REMOVA BURIAL ERAL DIRECTOR	NDERLYING OR OR ONTRIBUTING CAUSE OF DEATH d INJURY OCCURRED 'MILE NOT WHILE AT WORK 220 I certify that I taok charge af the remains de death resulted from: Natural causes X. CTUAL GNATURE AMINER'S NAME MARGARITA A AL, CREMATION, REMOVAL 23b. DATE 87' Burial 3/2/84 ERAL DIRECTOR	DERLYING OR OR ONTRIBUTING CAUSE OF DEATH ONTRIBUTING CAUSE OF DEATH P.M. 19 AINJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OF PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OTHER OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) OTHER OT	NDERLYING OR OR ONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 IT PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) TOWNER AT WORK 220. I certify that I taok charge of the remains described above, held an Auto death resulted from: Natural causes X, Accident , Suicide CAULAL GNATURE AMINER'S NAME MARGARITA A. KORELL, M.D. AL, CREMATION, REMOVAL 23b. DATE 3/2/84 REVIOUS ANDRESS.	NDERLYING OR OR ONTRIBUTING CAUSE OF DEATH NOT WHILE STREET, FACTORY, FARM, ETC.) 120 Lectify that I taok charge of the remains described above, held an Autopsy X. Inspection of the suited from: Notural couses X. Accident X. Suicide X. Homicide XITLE (SPECIFY) AMINER'S NAME MARGANITH A. KOYELL, M.D. ADDRESS 111 AL, CREMATION, REMOVAL 236. DATE 3/2/84 1236. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	HOUR A.M. MONTH DAY YEAR P.M. 19 210 PLACE OF INJURY (AT HOME, STREET) 211 LOCATION STREET CITY OR TOWN 220 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection Inquiry I. 201 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection Inquiry I. 210 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection Inquiry I. 211 LOCATION STREET CITY OR TOWN 2120 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection Inquiry I. 220 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection I. 221 Location I. 222 Locatify that I taok charge of the remains described above, held an Autopsy X. Inspection I. 223 Location I. 224 Location III Location ADDRESS III Penn St., Ballaction CITY OR TOWN 225 Location CITY OR TOWN 226 Location CITY OR TOWN 227 Location III Penn St., Ballaction CITY OR TOWN 228 Location CITY OR TOWN 228 Location CITY OR TOWN 229 Location CITY OR TOWN 229 Location CITY OR TOWN 220 Location CITY OR TOWN 221 Location CITY OR TOWN 221 Location CITY OR TOWN 222 Location CITY OR TOWN 223 Location CITY OR TOWN 224 Location CITY OR TOWN 225 Location CITY OR TOWN 226 Location CITY OR TOWN 227 Location CITY OR TOWN 228 Location CITY OR TOWN 228 Location CITY OR TOWN 228 Location CITY OR TOWN 229 Location CITY OR TOWN 220 Location CITY OR TOWN 228 Location CITY OR TOWN 229 Location CITY OR TOWN 220 Location CITY OR TOWN 221 Location CITY OR TOWN 221 Location CITY OR TOWN 222 Location CITY OR TOWN 223 Location CITY OR TOWN 224 Location CITY OR TOWN 225 Location CITY OR TOWN 226 Location CITY OR TOWN 227 Location CITY OR TOWN 228 Location CITY OR TOWN 228 Location CITY OR TOWN 229 Location CITY OR TOWN 220 Location CITY	HOUR A.M. MONTH DAY YEAR 19 AIDDRESS 10 ADDRESS 11 Penn St., Balto., Md. ADDRESS 1236, NAME OF CEMETERY OR CREMATORY 1236, DATE 1

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IMORE,	vsician and co	16a \	VAS DECEASED EVER IN (YES, NO OR UNKNOWN) 1#	J.S. ARMED FO YES, GIVE WAR OR	DATES) 219-20-		17 INFORMANT Leon 914 Mt. Ho			229	N- 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.	en signed by the attendin Then please remove carbo or to burial, cremation, or any injury, or other traum	NO	underlying cause I	ate the ost	IE TO, OR AS A CONSEQUE (b) TRY PRESE (E TO, OR AS A CONSEQUE (c) IC) IONS CONTRIBUTING TO C	NCE OF	NOT RELATED TO THE TERM	MAL DISEASE OR CONI	DISCREE	N IN PART I(o)	otyrs,
AL RECOI	permit.	CERTIFICATION	19a DATE OF OPERATION	V 19h	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
ON OF VIT. PHYSICIAL TIE PHYSICIAL	tra tra		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	. TIME OF INJURY OUR A.M. MONTH DA P.M.	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T T OR PART 2)	
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FO HOSE	TO FUNERAL D should be detach with the State De IMPORTANT: If		Barnett Be	erman,			611 Park Aven		Md.	21201	
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Carried on 1994 - 122 Tet 922- .- .- .-

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M	ICHIGA	N.	US	SA		WIDOWED			Balt	imore	Cit	ν,	
18 0	CITY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTHER II	NSTITUTION	FOR MI	AL OCCUP	PATION (TYPE	E OF WORK	12b. KIND OF OR INDU	BUSINE STRY
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13g M	AL RESIDENCE STATE ARYLAN	D BALT	TMORE	13c CITY O	OR TOWN	13d. Y	INSIDE CITY LIMITS?			ss EIG HB	ORS	AVE.	212
14 F	ATHER'S NAME		WIDDLE	McMA	NNIS	15.	MOTHER'S MAIL	DEN NAME	M	IDDLE		LAST	
16a.	WAS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SOC1	AL SECURITY	NO. 17.	NFORMANT			ADDRESS			
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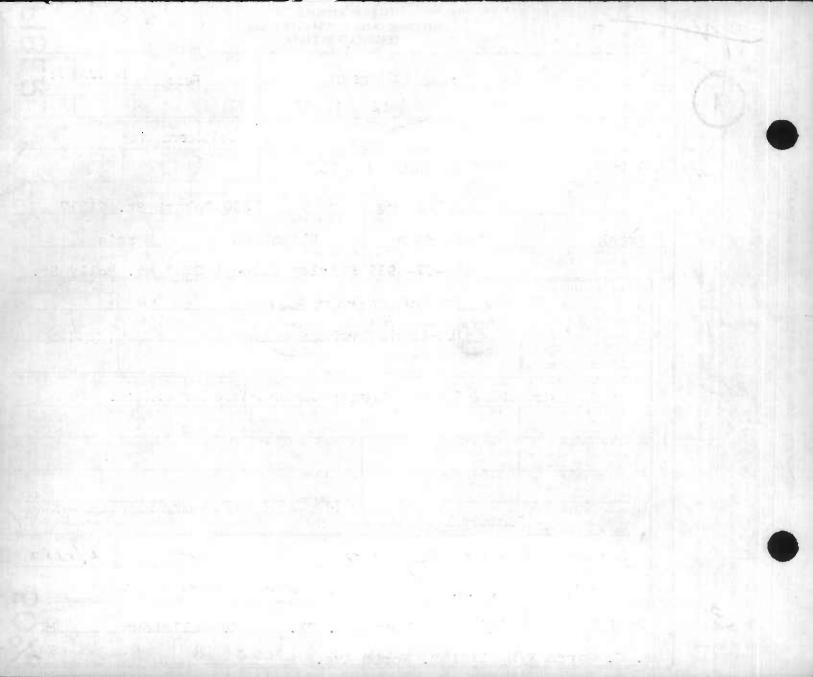
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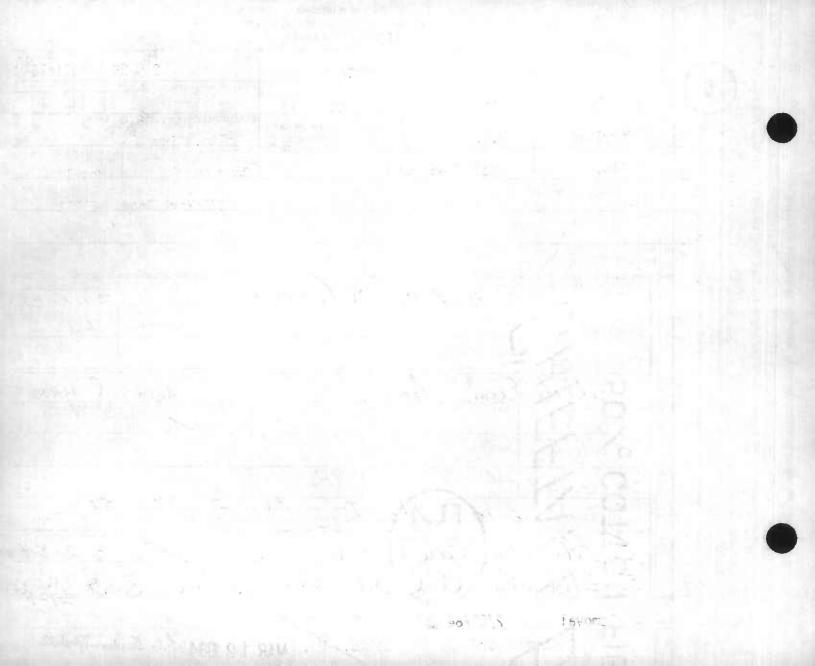
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

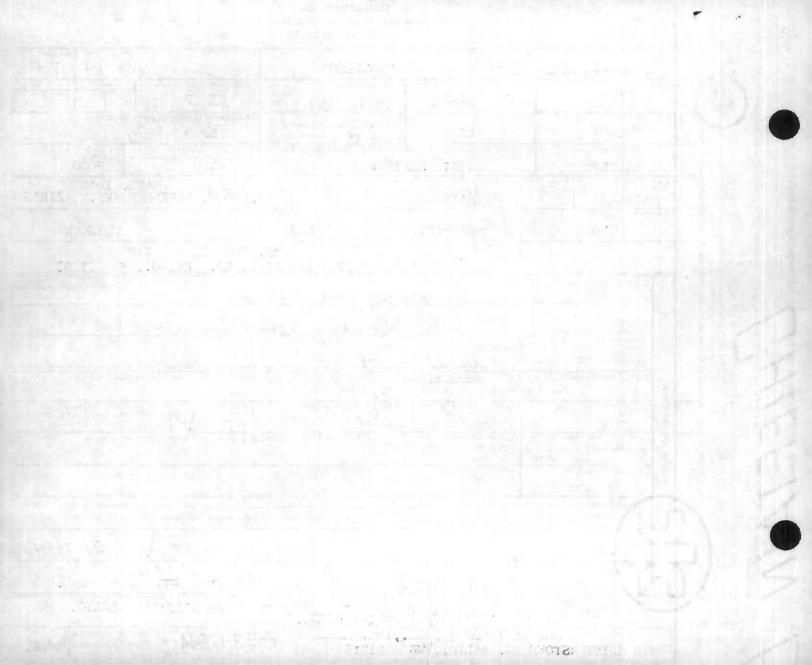
	REGISTRAR				REG. NO.				
1	1. DECEASED NAME	FIRST M	DDLE	LAST	20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR	
Į	The state of the s	Frederick	C. McPhe		Febr		1984	7:48	
1	1. SEX	4. RACE	MONI	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTH	DER I YEAR	HOURS	MIN.
1	Male	Blac	:k 12	1 DAY OGYEAR	77	YRS			
1	To BIRTHPLACE (STATE	OR FOREIGN 76. CITIZEN OF W	HAT COUNTRY? B MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		HTAS		
2	MD		ISA WIDOW	ED DIVORCED	Baltimore				MD.
	Baltimore		ospital, nursing home facility one General		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		b. KIND O IDUSTRY	F BUSINES	SOR
5	USUAL RESIDENCE (# N 13a STATE	136 COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 250 Rober		212	17	
+	IA FATHER'S NAME		Baltimore	YES X NO		t St.	212	1/	_
Я	1407	MIDDLE	LAST	FIRST	MIDDLE		LAS	Т	
-	Frank		CPherson 166 SOCIAL SECURITY NO.	Elizab 17. INFORMANT	ADDRES	Norr:	LS		_
4	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)						~.	
	No		5/8-0/-5939	Shirley Co	Ibert 2209	Mt.	HOLL	y St	•
	18 CAUSE OF DE PART I, DEATH	ATH (Enter only one couse per I I WAS CAUSED BY:				-	BETWEEN	ONSET AND D	EATH
1	11 31	IMMEDIATE CAUSE (a)	Respiratory	Arrest					
1	162	DUE TO, OR	AS A CONSEQUENCE OF						
1	Conditions, if a		Metastatic	Carcinoma of L	ung		1981-	1984	
1	cause (a), sta	ating the DUE TO, OR	AS A CONSEQUENCE OF						
1		(c)							
		GNIFICANT CONDITIONS CO C Obstructive P			INALDISEASE OR COND 1 Vascular A				
7	190 DATE OF OPE		ION FOR WHICH OPERATIO			20b. IF YES, WE	RE FINDIN	IGS USED	_
	Chronic 190 DATE OF OPEN				YES NO[X	IN CERTIFY INC		OF DEATH	?
				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IB PART TO	OR PART 2)		
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1	OR CONTRIBUTING L	LAT HOME STRE	F INJURY ET, FACTORY, OFFICE, EARM, ETC.)	21f LOCATION STREET	CITY OR TOW	и (OUNTY	STA	ATE
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	saw the dece abave, X (we	eased olive on Februar (did) (dix t) view the body of	ifter death	and that in (n)() (our) apinion	death occurred on the dat	e and hour and	from the	causes stat	ed
1	226. SIGNATURE	, ,		DEGREE			22c. DATE	SIGNED	,
	Ch	nelle	olling 1	ATTENDING PHYSICIAN	MEDICAL STAFF		2/	118	7
\neg	224 PHYSICIAN'S	NAME (TYPE OF PRINT)		22e ADDRESS			W. IT S		
		rles Ridley, M			nd General H	lospi ta			
	23a. BURIAL, CREMATIO			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cor	YTAL	STA	ATE.
	Burial	2/6/8	4 King		Randalls		CICNIT	ME	
	24 FUNERAL DIRECTOR		ADDRESS	h Arra FE	REC'D. BY REGISTRAR 2:	DE KEGISTRAR"	Q (Aluel	1
	Wm. C. M.	arch F/H 11	01 E. Nort	h Aye.	0 0 004	9			-

DHMH - 16 50M 4/83 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYL HEALTH AND FICATE OF I	MENTALHY		1 2 4	1 4	
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ou (E C)	3. SE	X	4	I. RACE		5. DATE	OF BIRTH		6. AGE INYEAR	LAST BIRTHDAY)	MONTHS DATS	
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5 23	10. ⊂	ITY OR TOWN OF DEATH			HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OC			OF BUSINESS OR
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hoo be in	USU 13a	AL RESIDENCE LIF NURSING	HOME OR C	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)	1 13d. INSIDE C	TITY LIMITS?	130 STREET ADI			
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0	CERTIFICATION	alc	olu	olism	, Ch	rou	ic			sev	erax	years
s been sony in	CAI	19a. DATE OF OPERATIO	N	19b. COND	FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	Y? 206. IF	YES, WERE FINDE	OF DEATH?
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iyStCIAN: The ding physicion is certificate buriol-frank mentol Hygie		210, ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH I	DAY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM	IS PART (OR PART 2)	
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2 9 4 5 7		saw the deceased above, (I) (we) (did	olive on_) (did not	0 : / 0		32.0	nd that in (my)) (our) opinion	death occurred o	n the dote and		
At OR A the host At DiREC detached are Dept		226 SECHATORE	5	21	01		DEGREE	4175110010	MEDICAL	CTAFF	22c. DATE	E SIGNED
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O HOSPITAL efoined by 1 TC Fules should be det with the four		12- 611	SWOY	rlh	COOK	M	D. 2	431	M. 0	eve,	Ballo	, Mali
7 e 1 s 3 s		BURIAL, CREMATION, RE	MOVAL	236. DATE	730	NAME OF	EMETERY OR	CREMATORY	23d LOCATIO		COUNTY	STATE
BP		Removal		2/29	9/84		15. (3)	CLAST				
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	na tom	y Board	ADDRESS	Dal	to M	25a. DA	TE REC'D. BY REG	STRAR % REC	STRAR'S SIGNA	JURE 00
(VRA 15, 4)		AI	ia coll	y board	1	Ddl	to., Mo	d. MAI	K 12 198	4 Juna	www.assav-N	





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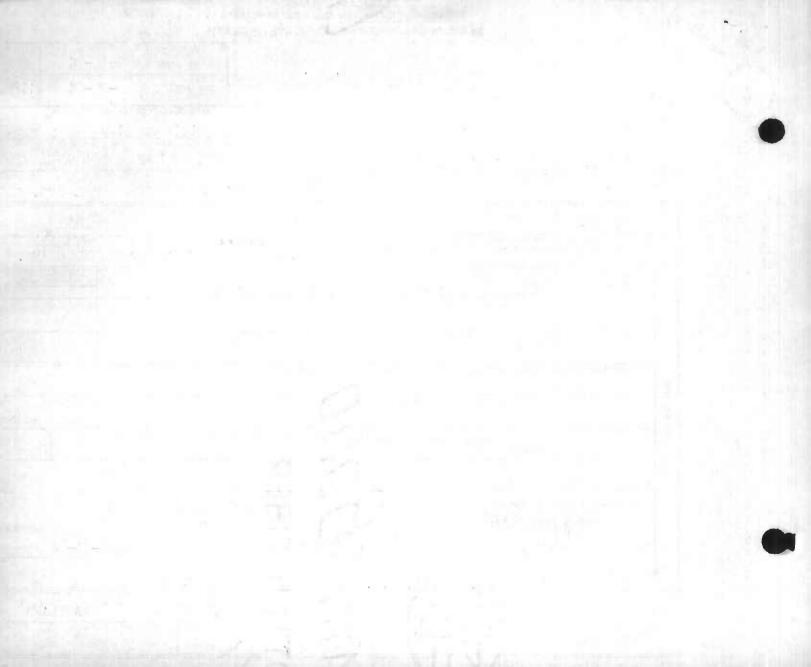
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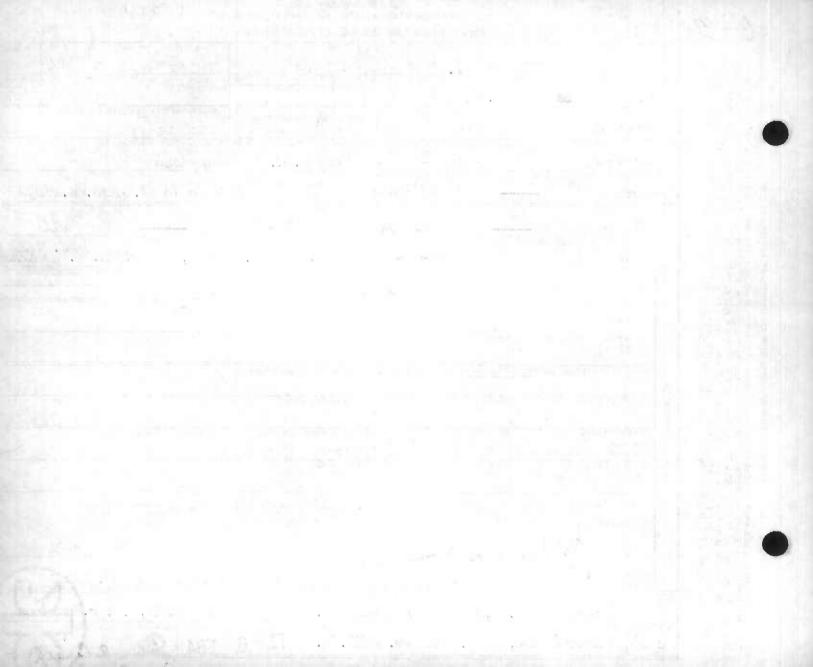
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L		MIL			MERZ,	JR.	DEATH	MATED [2-10-84	
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USU 13a	Balti JAL RESIDENCE JARYLANI	(IF IN NURSING HOME		Hospital BALTIMORE	136	I. INSIDE CITY LIMITS?	13° STREET ADDRES		71.	215
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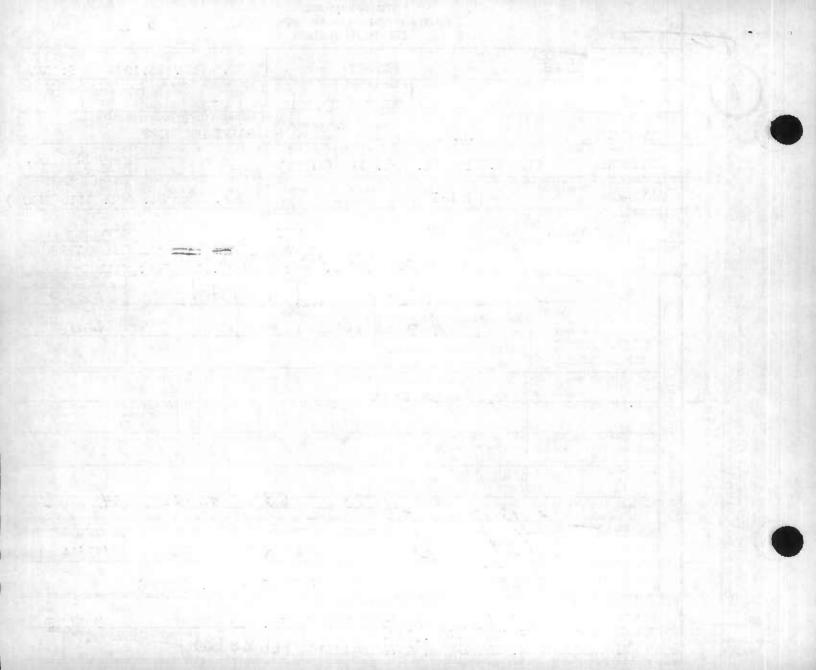


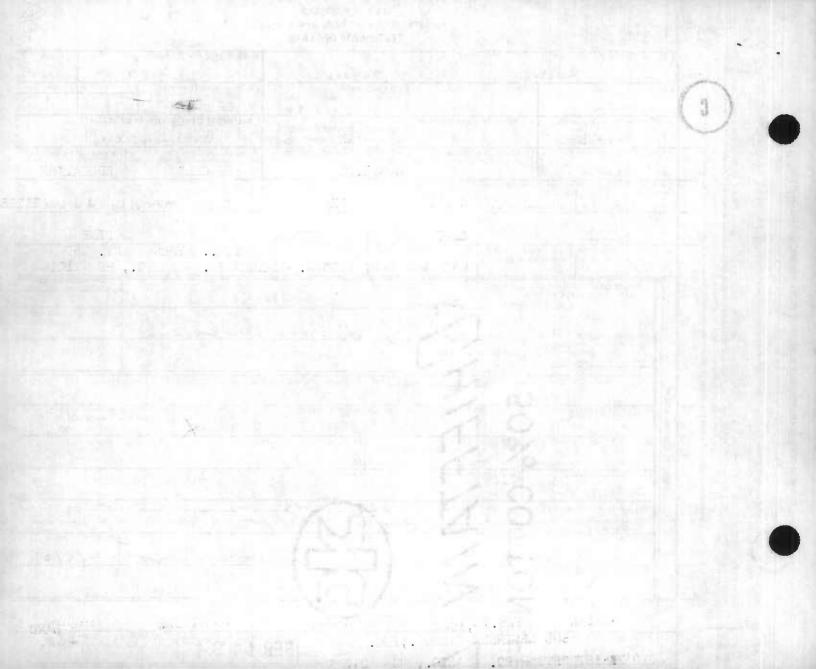
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		CEASED NAME	FIRST		MIDDLE		AST	2a.	OF ESTI-	N X MONTH		26. HOUR
EFI SS.			DOMII		7.		ETZGER		DEATH MATE	2	3 19 84	
WITHIN 72 HOURS PRESTON STREET,	3. SEX		White	S. DATE OF BIRTH	1948 6. AGE (IN Y LAST BIRTHE	PAY) MONTH	DER 1 YR. IF UNDER		DATE DNOUNCED DEAD	2	3 1984	2.10
PREST		RTHPLACE ISTATI		76. CITIZEN OF WH	A COUNTRY?	8. MARRIE	ED NEVER MARK	RIED L	altimoreci altimor		NTY OF DEATH	MD.
	1	ту октоwн оғ Baltimor	e	Univers		(STU)	Balto.Md.	FOR MQS1	OCCUPATION OF WORKING LIFE		12b. KIND OF B OR INDUS	
	13g S1	TATE Land	13b COUNT		130. SITY OR LOWN		13d. INSUDE CITY LIMITS? YES (A) NO	130. STREET	ADDRESS Le	St.Ba	lto.Md.2	1230
000		THER'S NAME FIRST James		WIDDLE	Metzgen				MIDDLE		Hul	
1	16a. W	VAS DECEASED E	VER IN U.S. ARM I) (IF YES, GIVE V	AED FORCES? WAR OR DATES)	216-52-35		Mr. James	E. Metz	ger, 755	RESS 215:	th.St.Pa	21122 sadena
HEALTH AND MENTAL HYGIEI	N	gave rise couse (a) ste lying cause		(b) DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF			ified w	eapon)		
DEPARTMENT OF HEAL PRIOR TO BURIAL, CR	FICATIO	19e. DATE OF O	PERATION	196. CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?				20. AUTOPS	Y? NO 🗆
PRIOR TO BURIAL,	MEDICAL CERTIFICATION		OR CAUSE OF D	EATH 2 P.M	MONTH DAY YEA . 12-30- 19 8	3 Su	พ เหมนหา occurr bject was		IRE OF INJURY IN ITE	EM 18 PART 1 OR I		140
2	MED	WHILE AT WORK	CURRED NOT WHILE (X AT WORK	CYPEET CAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		O Jack St	. Ba	alto.	C	OUNTY	STATE Md.
BALTIMORE, MARYLAND, 21201		22a I certify to death resulted ACTUAL SIGNATURE		e of the remains des	cribed obove, held an Accident , S	_Autops uicide, M.	Homicide X, TITLE (SPECIFY) Assistan	Undeterm	Inquiry ,	ond in my	E 2_1_9/	
TER DE		EXAMINER'S NA (TYPE OR PRINT	Anr	n M. Dixo			ADDRESS 111		., Bal	to., M	d. 21201	
A DA A	72a PI	IDIAL CREAMATIC	NI DEMOVALLE	Sh DATE	122 NIAME OF CE	AAETEDV OF	CDEMATORY	123d LOCA	TION			
	(5	URIAL CREMATIC BUR UNERAL DIRECTO	ial F	eb. 7,190	84 Glen Ho	metery of	em. Park	23d. LOCA	TION OWN BURN GISTRAR [256]	ie, A.A	. (o. Mary	Land



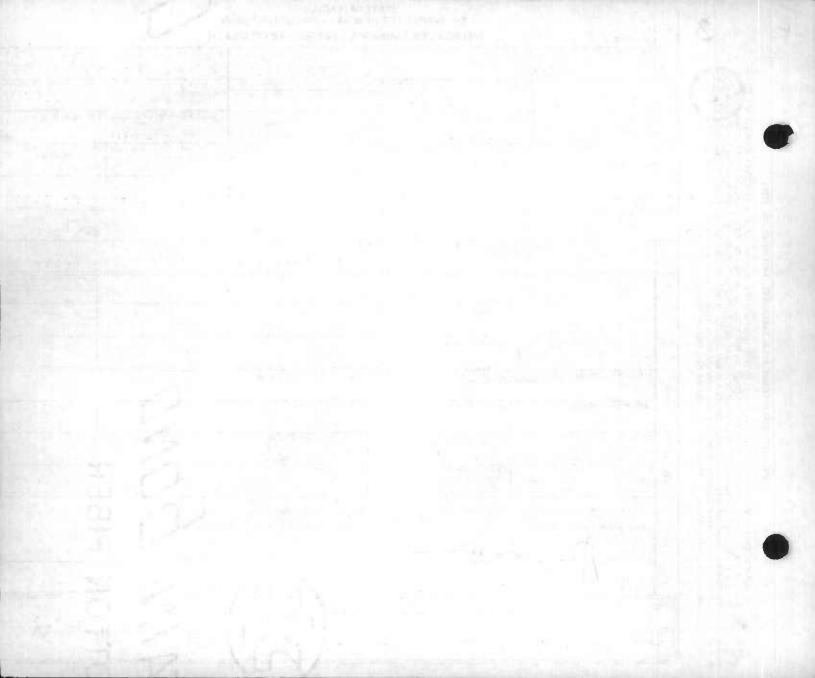
	TYPE OR PRINT)	ME FIRST		MIDDLE		î.	AST		2	DATE	REG. KNOWN ESTI-		NTH DA	AY YEAR	26 HOUR	
-	F-10	JOHN					ÆRS			DEATH	MATED	□ 2		19 84	701	
1	Male	White	S. DATE OF BIRTH	19	6 AGE (IN YEAR LAST BIRTHDAY YRS	MONTHS		HOURS		C DATE RONOUN DE AD	NCED	2	2 3	19 84	10:04 10:04	
2	BIRTHPLACE FOREIGN COUNTR Maryla	ind	USA	HAT COUNT		MARRIE WIDOWE	D NEV	ER MARRIE DIVORCE	DON		ore cit	_		OF DEATH	MD.	
	Baltin	ore	11. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore City Hosp			sp.	FOR			SUAL OCCUPATION (TYPE OF WORK R MOST OF WORKING LIFE)			F	Parmer		
130	UAL RESIDENCE STATE Maryle	N3H COUN	or other institution, gi ity timore		DR TOWN	3)	YES	Y LIMITS?	951	O CI	ess ross	Rds	. M	erry ld. 2	Hall 1128	
1	FATHER'S NA/		MIDDLE	yers		15 MOTHER'S MAIDEN NAME Barbara				MIDDLE	G	ers	t LAST			
160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 10 (IF YES, GIVE WAR OR DATES) 218-1						LeRoy		ıdenl	clos		est) C	ros	oss Rd. all 21138		
7	S/ Condit gove cause	DEATH WAS CAUSE IMMEDIA ions, if ony, which rise to immediate (a) stating the under- ouse lost.	TE CAUSE (o) TIT	AS A CONS	-abdomi SEQUENCE OF		traum	a								
Z		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT BELATE	EO TO THE TERMIN	AL DISEASE (OF CONDITION	GIVEN IN PART	1 (a).							
IFICATION		SIGNIFICANT CONDITIONS			EO TO THE TERMIN				1 (a).				20	0 AUTOPSY		
MEDICAL CERTIFICATION	190. DATE (21b. TIME OF HOUR ASM 6:55p.m	FINJURY MONTH 2-3- DE INJURY IORY, FARM, ETC	DAY YEAR	21c. HO	S PERFORM WINJURY O	AED? DCCURRED Lan st	(ENTER NA	by CITY OR TO	moto:	r vel	OR PART 2)	YES ☑ e.	NO STATE Md.	
	210. EXTERI UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK	DE OPERATION NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK riffy that I took chargeled from: Nature	21b. TIME OF HOUR AM 6:55.M. 21c. PLACE OF STREET, FACT	FINJURY MONTH L 2-3- TORY, FARM, ETC.	DAY YEAR 19 84 (ATHOME.	Pec 21f. LOC. STE Char	winjury of destriction restriction restric	DCCURRED ian st l. e. Inspection de []	of S	city or too nide Inquiry	moto	r veh	or PART 2) hicl county Bal y opinior	YES X	NO STATE Md.	

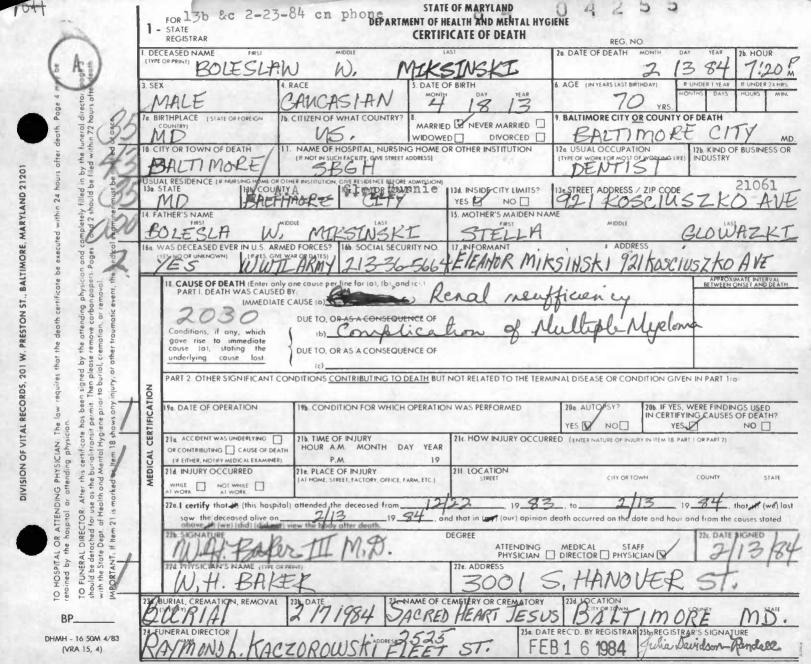
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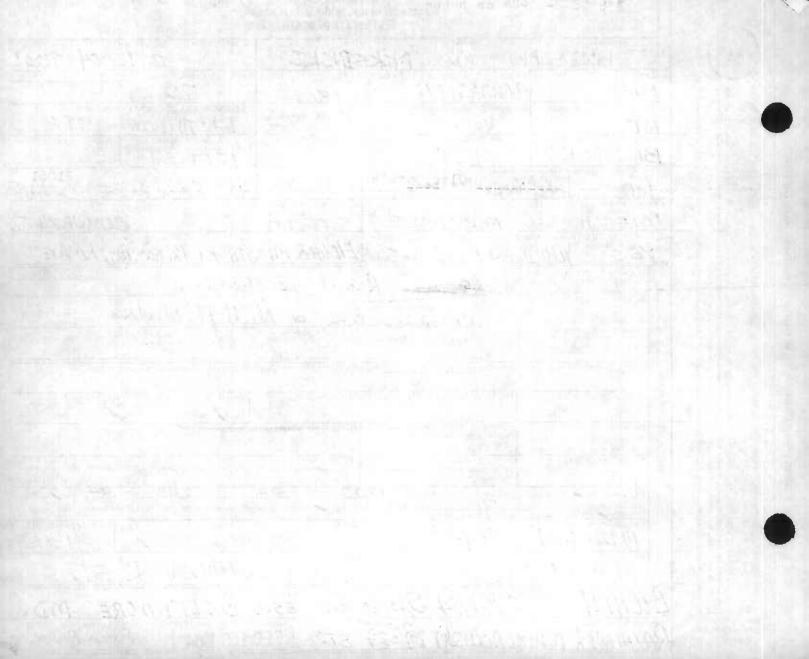




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIER - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME EIRST 20. DATE KNOWN YEAR 2b. HOUR (TYPE OR PRINT) DEATH MATED LINWOOD MICKEY JR. 19 84 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR MONTH LAST BIRTHDAY PRONOUNCED .2:15 29 Male Black 50 34 DEAD YRS aM 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED [DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PACE 5 SHOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN PM PAGES 1 AND 2 SHOULD BE POIVISION OF VIAL RECORDS Register St. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13e STATE 113h COUNTY Baltimore 1705 N. Register St. 21213 Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elissa Linwood Mickey, Sr, McKnight 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE CHED AS A BURIAL - TRANSIT PERMIT. PAGES I AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. NO Elissa Mickey 1705 N. Register St 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING SOR 2-3-19 84 Subject hanged self. CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK Md. 1705 N. Register St. Balto. City house Inspection X Autopsy 22a. I certify that I took charge of the remains described above, held on Suicide X Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 2-4-84 SIGNATURE EXAMINER'S NAMI Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore BURIAL 2/9/84 Mount Auburn Cem. BP 250. DATE REC'D. BY REGISTRAR'S SGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Wm March F/H Inc. ADDRESS 101 E North Avenue (VR A15 ME (5)) 20M 4/B2







D. TALCLE WATERWAY SEE TO BUILDING EPAR IN COURT SERVER FRANCIS WELLER OF Eller Bay Lange Chick

1	p	11-	FOR Item STATE REGISTRAR	#16b G5	3/14/8h MEI	DEPARTMENT OF H	IEALTH		NTAL H	YGIENE G	REG. NO.			
DIRECTOR OF FILES			CEASED NAME DE OR PRINT)	NOR	RIS	C. MILES			20. DATE KNOWNX8 MONTH DAY YEAR 126 OF ESTI- DEATH MATED \(\sum_2 - 2 - 84 \) 19			2b. HOUR		
		3. SEX		RACE White	5. DATE OF BIRTH	1926 57 YR	Y) MONTH		HOURS	24 HRS. 2c DATE MIN PRONOUNG DEAD	CED 2-2	-84	34HOUR 9FM M	
		T F	RTHPLACE (STATE PREIGN COUNTRY) Pennesse	е	76 CITIZEN OF WE	A .	8. MARRI	ED X NEV	ER MARRI	Balt	imore Cit	У	MD.	
PAGE 5		1	Baltimo	ore	11. NAME OF HOSPITAL, NURSING HOME, OR OTH			er institut er Har		12e. USUAL OCCUP. FOR MOST OF WORK La borer	ATION (TYPE OF WORKING LIFE)	OR INDUST Constru	OR INDUSTRY Construction	
21201	ANY D AND 3 RETAIN HOULD	13a. S	AL RESIDENCE (IF TATE ennessee	136 COUN				13d. INSIDE CITY LIMITS? 13e. STREET ADDRES			ess 423 Hyde Park Circle			
RE, MD.	A PAN 3.	14. F.	William		WIDDLE	Miles			ssie	N NAME MIC	DDLE	LASTDO		
ALTIMO	APTER PACES IN FORM		MAS DECEASED I ES, NO, OR UNKNOW!		WED FORCES? WAR OR DATES)	414-34-07		Mrs.		e Miles	Coving	Hydes Parton, Ten	ark Ci nessee	
L RECORDS, 201 W. PRESTON ST., BUID BE EXECUTED WITHIN 24 HOURS FrenDING." IN PENCIL IN 18. Green SAS BURAL. TRANSIT PERMIT. BU STAND MENTAL HYGIENE, DHEATH AND MENTAL HYGIENE, DHEATH AND MENTAL HYGIENE, DITT, CREMATION, OR REMOVAL.		NO	PART I DEA' 984 Canditians, gave rise cause (a) st lying cause	IMMEDIA if any, which to immediate tating the under-	D BY: IE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) Drowning AS A CONSEQUENCE C AS A CONSEQUENCE C)F	OR CONDITION	GIVEN IN PAR	T 1 (a).		BETWEEN ONSE	T AND DEATH	
DIVISION OF VITAL RECORDS.	WORD "PENDING BE E CHIEF MEDICAL CHIEF MEDICAL AS A SENT OF HEALTH	CERTIFICATION	19a. DATE OF C	PERATION	196 CONDIT	TION FOR WHICH OPERA	ATION W.	AS PERFORA	MED?			20 AUTOPSY YES XIX	? NO []	
ONOF	CERTIFICATE SHOULD RITING THE WORD "PE DED TO THE CHIEF M E 3 SHOULD BE USED. OF RECORD OF BEAUTION OF HEA			XXOR G CAUSE OF I		MONTH DAY YEAR	su	bject	foun	d in water	RY IN ITEM 18 PART T OR I	PART 2)		
DIVIS	SERVES	MEDICAL			21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	50	ME E. I	Pratt	Streetorow	∾ Baltim	are, Md.	STATE	
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA! BALTIMORE, MARYLAND, 217			220 I certily death resulted ACTUAL SIGNATURE	from: Natur	ral causes .	Accident . Suite . Korell, M. [0.	Hamici TITLE (SF D. ASS I	ecify) stant	Undetermined mar	DATI NER SIGN	2-3-8	4	
449	BP DHMH - 17 (VR A15 ME (5))	24 F	URIAL, CREMATIC Buri UNERAL DIRECTO	al	2-10-	84 Local Reisterston	L Cen	r CREMATO letery		23d LOCATION CITY OF TOWN Tipton EC'D. BY REGISTRAR 1 0 1984	County.	Tenn	essee	
	20M 4/82	-			302.200		, , , ,				4			

	+	-
0	100	Sun 7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours offer again Fage 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the unentil distance should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled = tim 7 certified with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

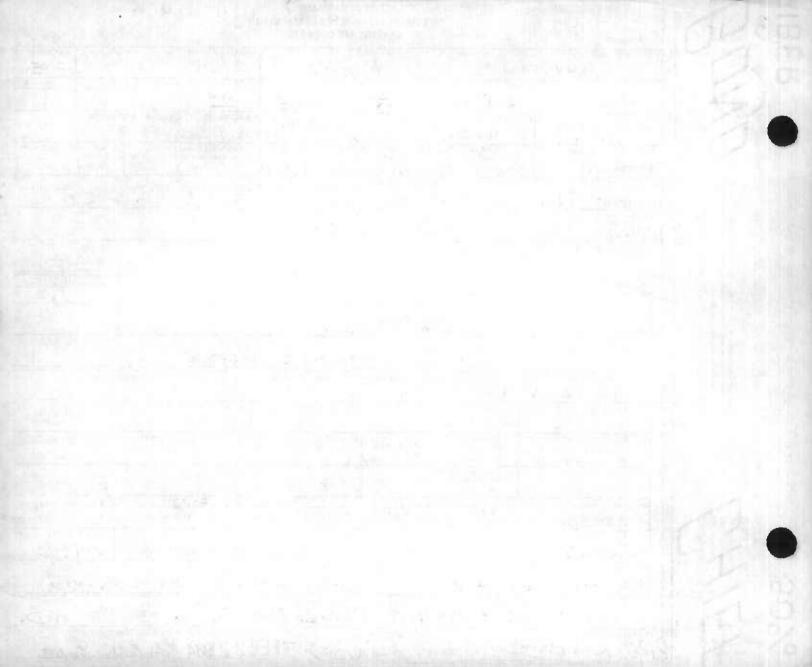
5	1 -	FOR - STATE REGISTRAR		DEPA	ARTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT		REG.	5	9			
		CEASED NAME FIRST	1	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	_
	(TIPE	ELVA		Ρ.	MII	LER			2	12	84	11:00	RM
	3. SE		4 RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST E	IRTHDAY!	IF UNDE	RIYEAR	IF UNDER 24 HE	
1	1	F	W		09	05	55	78	YRS		DATS	HOURS MI	4.
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARR	IED 9	BALTIMORE CITY	OR COUN	TY OF DE	ATH		
1		NNSYLVANIA		S.A.	WIDOWE	D DIVOR	ED 🗆	BALTIN		CITY		,	MD.
)		BALT IMORE	(IF NOT IN SUC	HEACILITY, GIVE ST		OR OTHER INSTITUT		20 USUAL OCCUPA (TYPE OF WORK FOR MOST CLERK		UFE) IND	USTRY	F BUSINESS C	
1	13a. S	AL RESIDENCE (IF NURSING HO. STATE 13b. C	ME OR OTHER INSTITUTION	GIVE RESIDENCE B 13c. CITY OR T BALT	NWO	13d. INSIDE CITY LE		3e STREET ADDRESS 528 S. I		OOD S	TREF	T,2122	23
		JAMES	WIDDIE	BENS INC	GER	15. MOTHER'S MA LILL		MIDDLE			SCHO	CK	
		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES?	16h SOCIALS	SECURITY NO.	17. INFORMANT		ADD	RESS		-		
		NO		216-36-9764 RALPH F. MILLER 528 S. LONG								21223	
	TION	Canditions, if any, whice gave rise to immediate cause (a), stating the underlying cause los	DUE TO, O		TO DEATH BUT			infan					=
4	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WH	TICH OPERATIO	N WAS PERFORMEI	0	YES NOT	INCER	YES, WERE TIFYING (YES []	CAUSES	OF DEATH?	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH	DAY YEAR 128		OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM I	8 PART I OR	PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR T	OWN	col	VTY	STATE	
		220.1 certify that (1) (this has sow the deceased alivabave, (1) (we) (did) (did)	e on 0211	2/	00 21	d that in (my) (our)	opinion de	ath accurred on the	date and h	our and fi	/	hat (I) (we) le causes stated	ast
		22b. SIGNATURE	UANG-					MEDICAL ST.	AFF ICIAN	22	2 /	12/8	4
		224 PHYSICIAN'S NAME T	- Moroc	Tu,	MD	ST. Har	NUS	HOSP,	BM	T.	11	MD.	
	- (BURIAL, CREMATION, REMO (SPECIFY) BURIAL	23h DATE 02-16		THE PARTY OF THE P	EMETERY OR CREM		23d. LOCATION CITY OF TOWN ELKRIDGE	HOW	VARD	MAR	YLAND	
	24. FL	UNERAL DIRECTOR NAME TUBBARD FUNERA		ADDRE	21	229		REC'D. BY REGISTRA	R 25b. REGI	istrar's a	62	RE BERL	en.

DHMH - 16 50M 1/81 (VRA 15, 4)

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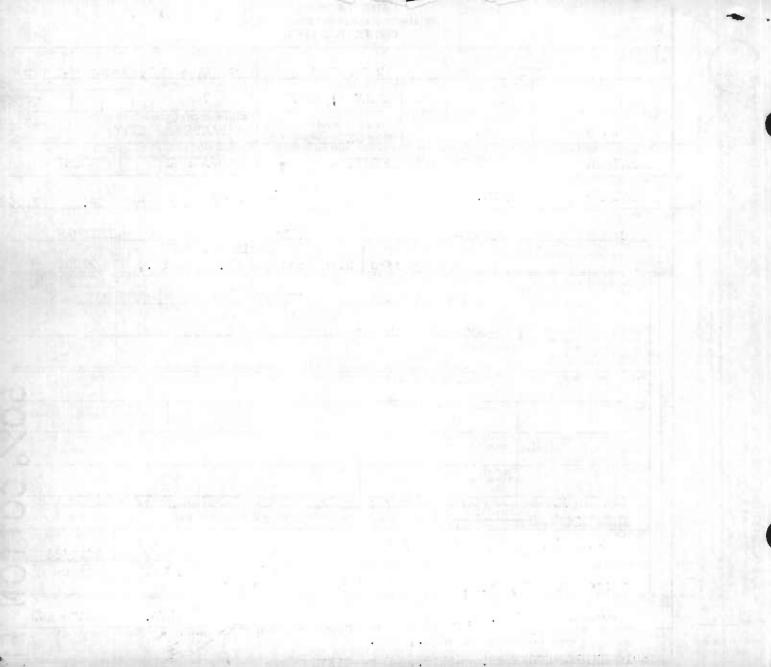
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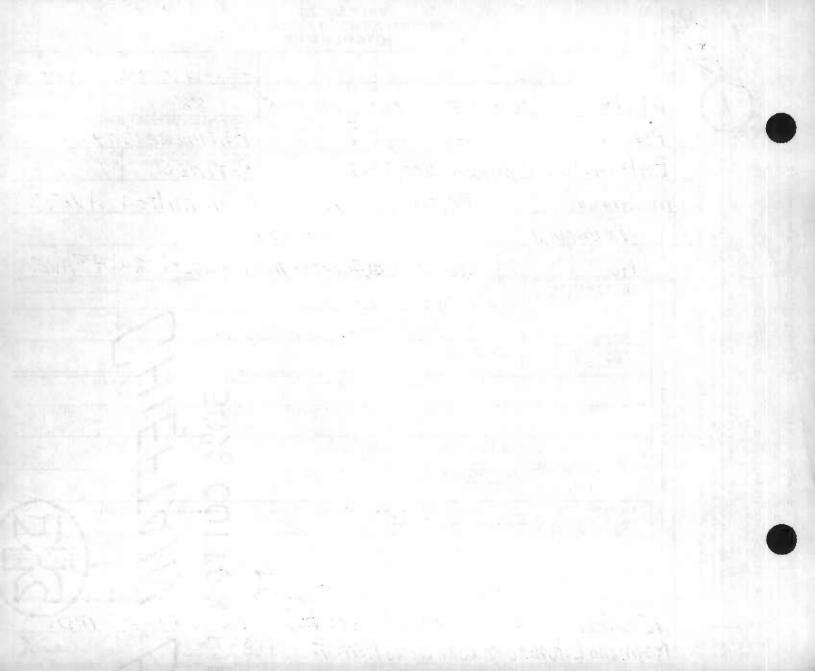
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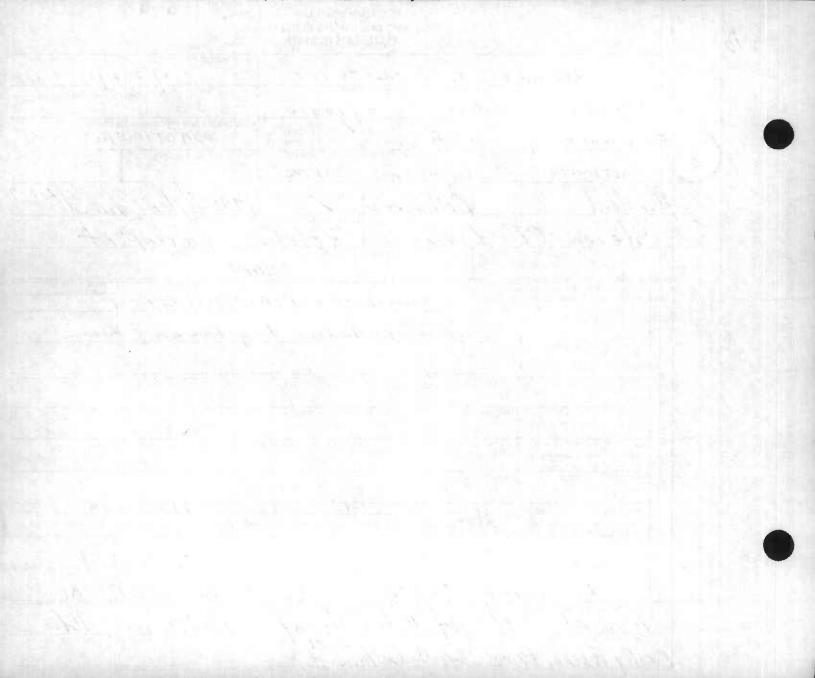
4	1	FOR - STAPE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
		ALEXAN		NCZEWSKI	FERRUARY 9	1984 4:25 pm
(4)	3.5	MAIE	WHITE	AUGUST 15 1895	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70. I	SOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED A NEVER MARRIED WIDOWED, DIVORCED	PATTIMORE CITY OR CO	
to a control of the c	TE	BATIMORE	11. NAME OF HOSPITAL, NURSIN (III) OT IN SUCH FACILITY, GIVE TREET HIRCH	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TO OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
AND 212 AND 212 filled in filled in fould be formust be		JAL RESIDENCE OF NURSING HOME OR STATE 136 COUN	TON AVE. T			
MARYLy ed within ond 2 st exomine		ATHER'S NAME LINKNOWN	DODLE LAST	UN TYNO		LAST
ATTIMORE, le be execut icion and co lers. Pages II.	160.	WAS DECEASED EVER IN U.S. AR (YES. NOOR UNKNOWN) (# YES. GIV	MED FORCES? 16b. SOCIAL SECU EWAR OR DATES) 216 - 03	CO21 ANTHONY M	OHCZEWSKI	2 W. 4Th AVE.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratherding physician and completely filled in by State this certificate has been signed by the aftending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill this and Mental Hygiene prior to burial, cremation, or removal. Outsided or them 18 shows any injury, or other traumatic event, the medical examiner must be incorrect that the medical examiner must be incorrect.	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOUS (b) CARCINOMA DUE TO, OR AS A CONSEOUS (c)	PIOSTATE WITH ME		ON GIVEN IN PART 110
TALRECORE The low req icion. The hos been is the hos been is the prior to shows ony ini	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
HYSICIAN: The Indiag physician his certificate h burial-transit p burial-transit p	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN I	EM 18, PART I OR PART 2)
DING PH Or offer this o os the tell of the ond is	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC.) STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND or hospital a DIRECTOR: , sched for use Dept. of Hea		saw the deceased live on	tal) attended the deceased fram_ FFR 9 19 19 19 19 19 19 19 19 19 19 19 19 1	FFB 2 , 19 84 84 , and that in (my) (aur) apinion DEGREE	death accurred on the date o	nd haur and fram the causes stated
TAL by th By th Stote		22d PHYSICIAN'S NAME (TYPE O	1 azemi		MEDICAL STAFF DIRECTOR PHYSICIAN	10 10 1811
TO HOSPITAL retained by the Top Funds by the Top Funds be det with the State MPORTANT.	20	<u> </u>	AH F. NAZEMI	100 N. BI	RCH HOSPITAL ROADWAY BALTO.	MD 21231
BP		SUMAL, CREMATION, REMOVAL	23h DATE 234 H	JAME OF CEMETERY OR CREMATORY	BAITIMO	RE COUNTY MD. STATE
DHMH - 16 50M 4/82		WINERAL DIRECTOR KAC	770RALISK ADDRESS	-7 5 F/FFT. ST. 250. DA	TEREC'D, BY REGISTRAR 256. F	PGSTRAR'S SIGNATURE



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STATE OF MARYLAND

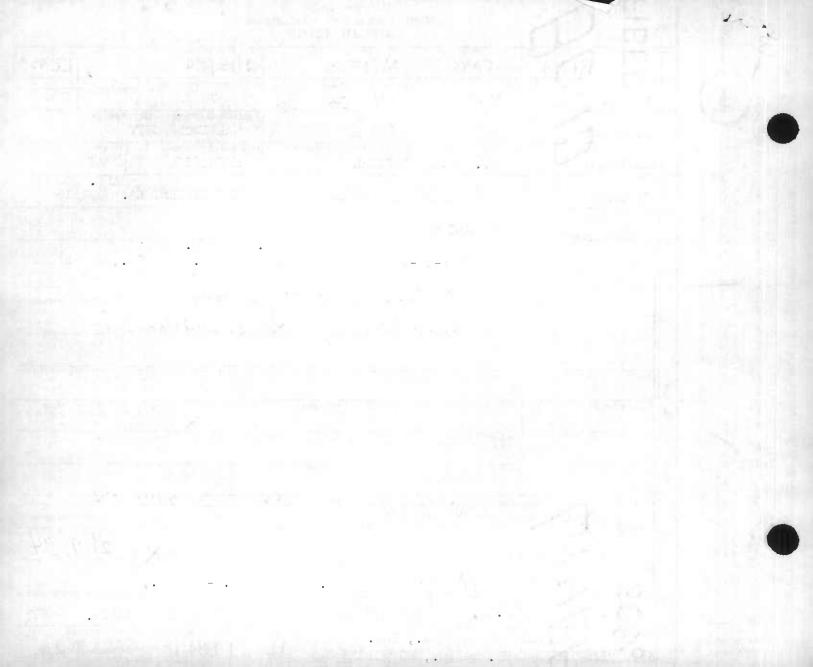
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Ι'	- STATE REGISTRAR		DEPART		CATE OF DE		REG.	NO.		
	CEASED NAME FIRST	A F	AYE	MON	NTUS		2 19 84		DAY YEAR	12:4
3. SI	X Female	4 RACE	HITE	5. DATE OF	F BIRTH 15	YEAR OS	AGE IN YEARS LAST I		IF UNDER I YEAR	HOURS
7a 8	SIRTHPLACE (STATE OR FOREIGN COUNTRY) LITHUANIA	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MA	ARRIED	BALT IMO	_		
10.0	BALTIMORE		HOSPITAL, NURSII CHEACULTY, GIVESTREET AGNES H				TOUSEWI			HOME
	STATE MARY LAND		136 CITY OR TOX BALTIMO		13d. INSIDE CITY	Y LIMITS?	3. STREET DADORESS	CENTOL	APT. A. 21	203 215
14. F	ATHER'S NAME FIRST SNEWOODN	WIDDLE	JACOBSON		15 MOTHER'S A	RST	JAKNOW!	v	1AS	1
	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	217-20-		3529 B	T DR.	OAKS RD.		R O., MD	2120
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	PR AS A CONSEQUENCE OF AS A CONSEQUENCE	retu	mof	boto	el_SMA	throne	pesic	
FICATION	gove rise to immediate couse (a), stating the	DUE TO, C	enfa Drasa consequ	DEATH BUT N			20e AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED OF DEATH
AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH (b) (b) (c) (c) (d) (d) (d) (d) (d) (d	OR AS A CONSEQUENTIAL OF INJURY JOHN MONTH DE LA CONSTRUCTION FOR WHICH	DEATH BUT N H OPERATION	N WAS PERFORA	MED		20b. IF YES	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH
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	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d, INJURY OCCURRED WHILE NOT WHILE	(b)_ DUE TO, C Ic)_ NT CONDITIONS C 19b. CONE 19b. CONE 19b. CONE 21b. TIME C HOUR A P 21e. PLACE (AT HOME, S) 25p;(tol) ottended f	OR AS A CONSEQUENT OF INJURY .M. MONTH D .M. OF INJURY .REET, FACTORY, OFFICE. The deceased from 19	DEATH BUT N H OPERATION DAY YEAR 19 FARM.ETC)	21c. HOW INJU	MED JRY OCCURRE	20e AUTOPSY? YES NO	206 IF YES IN CERTIFY YES	WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH NO
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6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

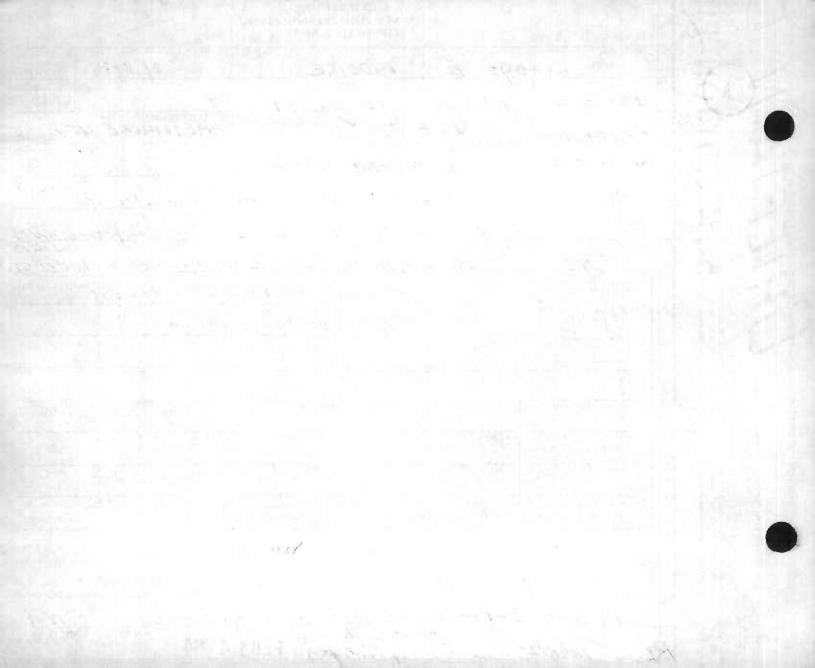


1	5	1.	FOR Item# 6 G589 3/14/84 ODEPARTMENT OF HEALTH AND MENTAL HYGIENE PEGISTRAR ITEM 228 7-3-84 OR CERTIFICATE OF DEATH	9
1)		1 25	REG. NO.	
	e e e e		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH 20. DATE OF DEATH MONTH 2	18 84 132 PM
1	1 1	3. SE	X + EMAPE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-	TAX n	1	AUC 9 29 37 45 46 YR	rs.
	A A STAN		IRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	NTY OF DEATH
)	10. C	Maryland USA WIDOWED DIVORCED 13/4/4/1/0/0/6 ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B	Baltimore Amarcandu Ass	NG LIFE) INDUSTRY
212	الرمق و عالم	USU 130.	AL RESIDENCE (IF NURSING HONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 136, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS	nursing
AND	filled hould	M	laryland Baltimore Baltimore VEST NO 538 Hurley	Stroot 21223
ARYL	within d 2 s	14. F/	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
E, M	comple ond	160.1	Anton Scklotmann Louise Durra was deceased ever in u.s. armed forces? 166. social security no. 117. informant ADDRESS	
MORI	Poges		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
ALTIA	e be ers. P	=	no Mr John Moore 538 Hurl	ey St 21223
, B	physi ppop movo vent,		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COUCLD - RESpiratory Arrest	BETWEEN ONSET AND DEATH
IS N	ding or re-	7	DUE TO, OR AS A CONSEQUENCE OF	
PRESTON	death ottend ove co fion, o		Conditions, if ony, which (b) Brain Death	20 days
Y. P.R	by the case remo		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	201
201 W	that d by leose iot, c		underlying cause last. (c) + 4 po×12	120 days
	signe signe hen p o bur	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a
RECORDS	no in	ATIO	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED
LRE	bos	CERTIFICATION	YES NO NO	RTIFYING CAUSES OF DEATH?
VITA	IAN: TI physicia inficote I-tronsif of Hygi n 18 sh	GR	216. ACCIDENT WAS UNDERLYING 2 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERWATURE OF INJURY IN ITEM	
0	Sicia ng pl	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 11 (P.M.) \ 25 1989 /2+1en+ +e11 on	stairs
DIVISION OF VIT	PHYY endir this he bu	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET STREET STREET	COUNTY STATE
ρΣ	or off		WHILE NOT WHILE X (AT HOME, STREET, FACTORY, OFFICE FIRM ETC.) 538 Husley Baltim	2017
		17	22a I certify that (I) (his hospital) attended the deceased from 19 8 , and that in (my) (our) apinian death accurate and above (I) (and I) and the date and above (I) (and I) and I) are the date and I) and I) are the date are the date and I) are the date	hour and from the course stated
	R ATTEN hospital RECTOR red for u	98	sow the deceased after an above, (I) ((e) Acid) (did not) view the body after death. 228. SIGNATURE DEGREE	22c. DATE SIGNED
	The Dort		MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/18/84
	E S S S S S S S S S S S S S S S S S S S		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
	TO HOSPITAL TO FUNERAL should be de with the Store		1 12 Samuel Bryant 122 S. Green St.	veet 21201
		23a. E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
	BP 50	24 E	burial 2/23/84 New Cathedral Cem. Baltimore UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. DEC	City Maryland
	DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME ADDRESS CED 0 4 400A 4.8	ia Davidson-Handall
	(*10. 10, 4)	All	brose Funeral Home 1328 Sulphur Sp. Rd. FLD 21 504 June	1 11-000

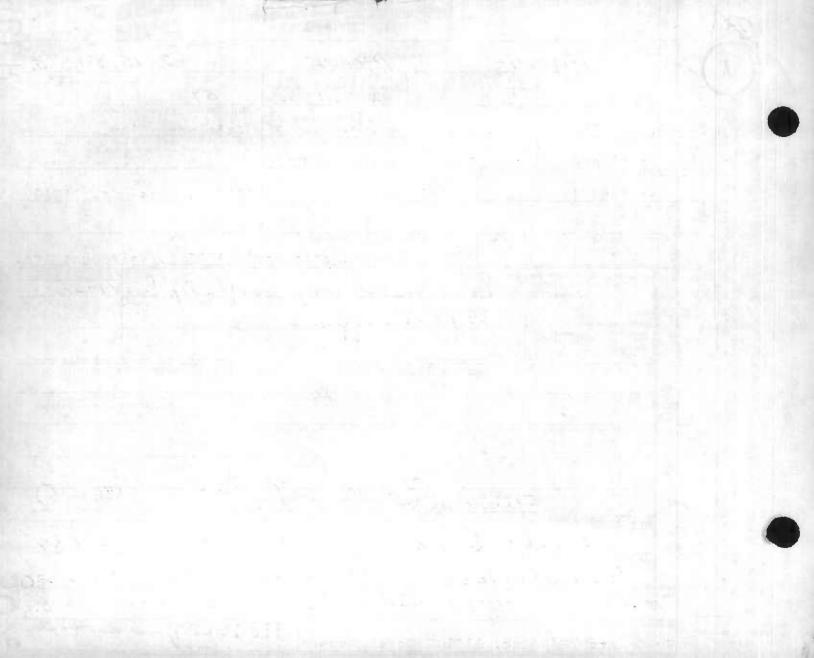
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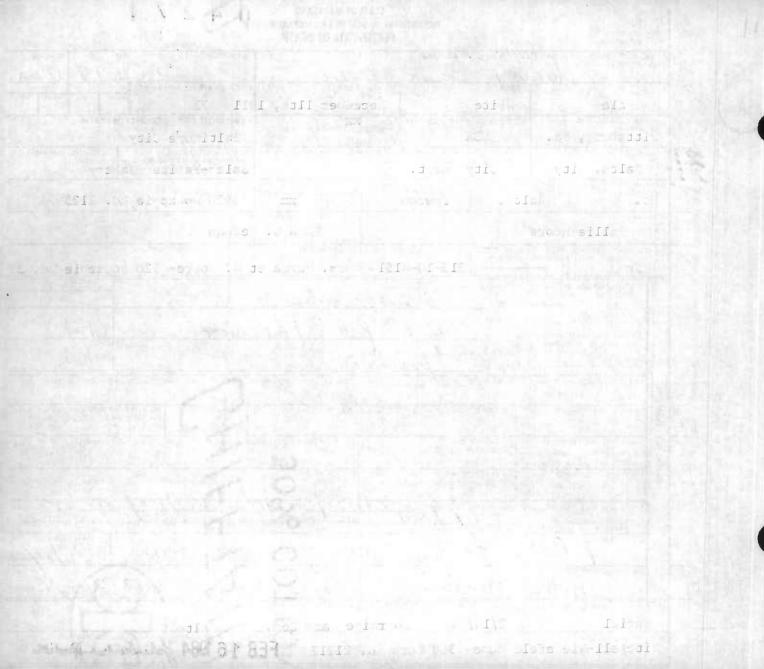
(VRA 15, 4)

STATE OF MARYLAND



241	1.	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	4270
Ā		CEASED NAME FIRST HAR	PRIS	1	100RE	20. DATE OF DEATH MONTH	15 84 5 B
	3. SE.	Male	4. RACE	5 DATE	n 170 1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
72 hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARR	ED NEVER MARRIED	BALTIMORE CITY OR COL	
by the furtified within	100	. Carolina TYORTOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OROTHER INSTITUTION I CAL CENTER	Baltimore 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12h KIND OF BUSINESS OR
filled in b rould be fil	USU 13a. S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU aryland	R OTHER INSTITUTION, GIVE RESID NTY 13c. CITY	vence before admission of town		13e.STREET ADDRESS / ZIP C	CODE ase St. 21213
200	14. F/	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
Poges		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	- 28 - 484	Nanette Da	ADDRESS	Fairmount Ave
please remave carban p rrial, crematian, ar remo , ar ather traumatic ever		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS VI CO	ONSEQUENCE OF	afferien	a ofterly	C Treck
permit. Then one prior to bu	CERTIFICATION	PART 2. OTHER SIGNIFICANT			IT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
rial-tra ental H tem 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MO P.M.	ONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I ORPART 2)
morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	21e. PLACE OF INJUI (AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ept. at He tem 21 is		saw the deceased alive or above, (I) (we) (did) (did no	120.10	1987	and that in (my) (our) opinion DEGREE	death occurred on the date and	d hour and from the causes stated
with the State D		THE PHYSICIAN'S NAME (1991)	W Koe	UM.D.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 1 1 1
IMPOR		BURIAL CREMATION, REMOVAL	23b. DATE 2/21/84	23¢ NAME OF	CEMETERY OF CREMATORY	AS. ST. BAC 23d LOCATION CHYORTOWN Mil	
50M 4/83		JNERAL DIRECTOR	2/21/04		250. PAT		GISTRAR SISIONA MBE CALL
5, 4)	Wm	C March F/H	Inc. 1101	E Nort	h Avenue		





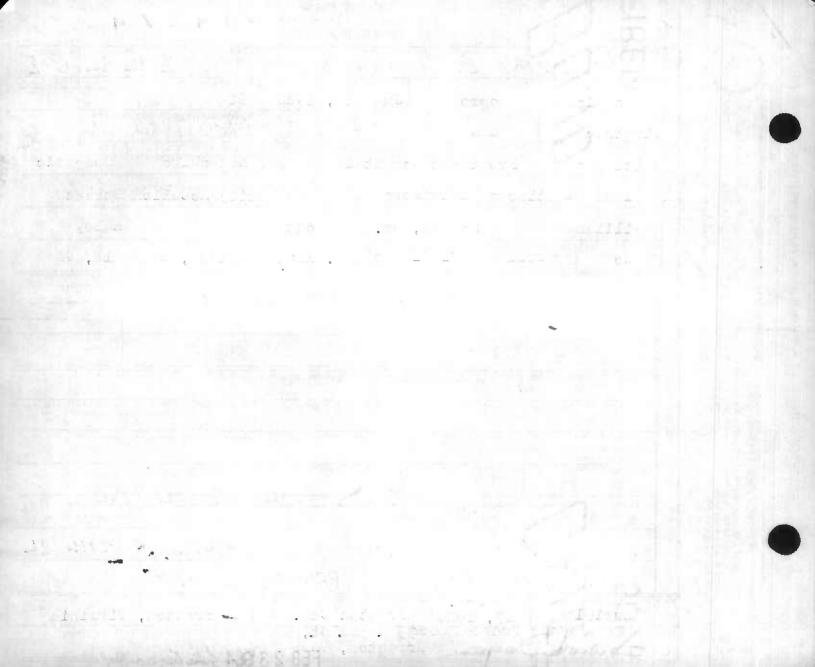
100						REG.NO.		
	DECEASED NAME	FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	YPE OR PRINT)	TOUTC	J.	MOO	PE	FEBRUARY 28	1984	3:47A
34	SEX	LOUIS 4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	# UNDER 24 HRS
	JLA.	Y KACE		MONTE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTHS DAYS	HOURS MIN.
	AALE	CAU	CAISIAN	11	03 . 20	YR:		
7/10	BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN	OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
80	MARYTAND		TIGA	WIDOWE		BALTIMORE	CITY	MD
	CITY OR TOWN OF DEAT		OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b, KIND O	F BUSINESS OR
-			SUCH FACILITY, GIVE STREET			TYPE OF WORK FOR MOST OF WORKING	ICH CIUR	CITI
	BALTIMORE		IS HOPKIN		SPITAL	PIMINIMINAN		_
24 13	MARYLAND	13h OUNTY	E ROSED	N_	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE 2	1237
	MARYLAND	BALTIMOR	E ROSEDA	ALE	YES NO NO	209 PHILAI	ELPHIA	AVE.
19.4	FATHER'S NAME	DDIE	2245		15 MOTHER'S MAIDEN NA			
50V	EUGENE	MIDDLE	MÖÖR	3	DÖROTH	MIDDLE	NE	CKER
A. 160	WAS DECEASED EVER II	N U.S. ARMED FORCES	S? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
2-	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:	5)					
	NO I		21836	7318	BARBARA MO	DORE 209 PHII	ADELPHI	A AVE.
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one cause	per line for (a), (b) an	dici.i	1. +	_	BETWEEN	MATE INTERVAL DISET AND DEATH
		IMMEDIATE CAUSE (a)		we	al liller		12	Tuo)
	4529	DUETO	OR AS A CONSEQUE	NGE DE	4			.0
	Canditions, if any,		, OK AS A CONSEGUE	Hu	moleun		20	Tuo.
tron	gove rise to imm	ediate)	1		-0 A		
	cause (a), stating underlying cause	the DUE TO	, or as a conseque	NCE OF	Mulusey	Stank	20.	hi -
		(c)			Joseph Joseph	0000		
12		RECANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART HE	3
2								
T CERTIFICATION	190 DATE OF OPERAT	ION 196 CO	NDITION FOR WHICH	OPERATIO	IN WAS PERFORMED		YES, WERE FINDIN	
						YES NO	YES 🗌	NO 🗌
一 8	210. ACCIDENT WAS UNDE		E OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
9 3	OR CONTRIBUTING C	AUSE OF DEATH	P.M.	19				
MEDICAL MEDICAL	214 INJURY OCCURRI	ED 21e PLA	CE OF INJURY		ZII LOCATION		COUNTY	STATE
Ž	MULTIPLE INC. MICH	LE	STREET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		l No daysard f -	21	10 24	1 . 2175	10 80	sh - x (1) (\ 1
	saw the decease	this haspital) attended		-	ndthat in (my) (que) garage	death accurred on the date and		that (I) (we) last
	above, (I) (we) (di	id) (did not) view the or	ody after death.			acom accorred on the date and		
	226. SIGNATURE	On	V. A		DEGREE	MEDICAL STAFF	22c. DATE	SIGNED
		Tomas	- Lah	-	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	21	6/89
	22d. PHYSICIAN'S NA	ME (TPE OR PRINT)	7	mai a	22e. ADDRESS			
		JAN.	US I	AKN				
/ 236	o. BURIAL, CREMATION, F	REMOVAL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)	2/2	40.			CITY OR TOWN	COUNTY	STATE
	BURTAL FUNERAL DIRECTOR-	13/2	1011	TOLLY	HILLS 250 DAI	E REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNAT	MD.
	~ D) (-1) /ADDRESS		Are / FEB	9 0 400A Line	aucison-han	المالكات
	ALC CO	my	1011 Che	are	da II En	2 9 1904		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



~ 4H	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENP 4 2 7	3
n l	I. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
Baja	LUTHER	G	MOORE	02	21 84 11:229m
	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
ter deoth. Page 4 within 72 haurs of i	Male	Black	12 1 23		YRS.
h. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
Juner Juner	S. Carolina	U.S.A.	WIDOWED DIVORCED	BALTIMORE	
_ + + p	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126. KIND OF BUSINESS OR
ours o	USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	OPKINS HOSPITAL RE ADMISSION)		
vin 24 hou	13a STATE 13b CC			13e.STREET ADDRESS / ZIP 511 Tunbri	
F Share Fine	Maryland	Balti	more YESXX NO [dge Road 21212
AR with a series of the series	William	MIDDLE LAST	FIRST	MIDDLE	Rice
executed within ond completely poper it and 2 sh	WIIIIAM 160 WAS DECEASED EVER IN U.S.	B. Moor		ADDRESS	Rice
be exect		GIVE WAR OR DATES) 250-20		ore 511 Tur	bridge Road
re be				ore or run	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BALTIN		r only one couse per line for (o), (b), or JSED BY: CARDIA	C ARREST		BETWEEN ONSET AND DEATH
ding p	INMED IMMED	MATE CAUSE (0)			
	Conditions, if ony, which	DUE TO, OR AS A CONSEOL	TAMPONADE	5	
المراقع المراق	gove rise to immediate couse (a), stating the	(6)			
×	underlying couse lost	DUE TO, OR AS A CONSEOL	DISSECTION		
ING PHYSICIAN, The low requires that the death certificate be executed within 24 hours in other this certificate has been signed by the offending physician offer completely filled in by as the buriol strons in permit. Then please responsible the property and 2 should be filled in by as the buriol strons in permit. Then please remained managements and 2 should be filled in by as the buriol stronger property and 2 should be filled in by a strength of the please prior to buriol, the management of the medical stranger.		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART I 10
been mit. The prior to prior to the prior to	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	18h CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
Ne low ne prime pr	E DATE OF OPERATION	THE CONDITION TOR WITHOUT	TOTERATION WASTERTORMED	IN	CERTIFYING CAUSES OF DEATH?
Ni. The hysicion icote h Hygier Hygier Hygier	11a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1217 HOW INJURY OCCUR	YES NO	YES NO
SICIAN: The ng physicic certificate uriol-tronsit tental Hygie	OR COLUMNIA COLUMN OF	DEATH HOUR A.M. MONTH D	AY YEAR	TENTER NATURE OF MOOK IN IN	ich ig Pani i On Pani 2)
HYSICIAI nding ph his certifi buriol-re d Mental	(IF EITHER NOTIFY MEDICAL EXAM	P.M. 21e PLACE OF INJURY	211 LOCATION		
O PH offen the b		(AT HOME STREET, FACTORY OFFICE,		CITY OR TOWN	COUNTY STATE
DING Process the cost the cost the cost the cost the contract of the cost the contract of the contract of the cost the c	AT WORK AT WORK	walkely assessed and the decision of the second	201 10 84	ं भेग	10 St that (I) (we) last
		ospital) attended the deceased from	CAL	. 10	nd hour and from the couses stated
OR ATTEN The hospital DIRECTOR Sched for up Hem 21 is	abave, (I) (wg) (did) (did	nat) view the body after death.	DEGREE		22c. DATE SIGNED
TAL OR A y the hosy RAL DIREC detoched detoched ATE: If Hem	Mari	u D. Consar	AAA ATTENDING	MEDICAL STAFF	1 8/21/04
HOSPITAL med by the FUNERAL uld be detended to the Store	72d. PHYSICIAN'S NAME (IN	PE OR PRINT)	PHYSICIAN [DIRECTOR PHYSICIAN	71/8/
TO HOSPITAL OR A Prezioned by the hos should be detoched with the Stote Dept with the Stote Dept MPORTANTS If Hem	CHARL	B D. COUSAR	- JOHNS MOP	KINS HOSPI	7A)
Of Other Management of the Control o	23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	BURIAL		arrison Forest	CITY OF TOWN	ills. Md.
	24 FUNERAL DIRECTOR	2/20/04 0		TE REC'D. BY REGISTRAR 25th F	REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME	H Inc. 1101 E		EB 231984 /4	ha Davidson-Randell

4 SMIRER STORY SHOULD BE ROLL ()



3	FOR	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 0 4 2	7 5
1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
ay be age 3 death	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	MOORE	20. DATE OF DEATH MONTH	8 94 1045 PM
offer A	J. SEX FORPE	E ARCE CAUC.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol direct n72 hours	TO BIRTHPLACE (STATE OR F	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	
office d	10 CITY OR TOWN OF DEA	TH 11: NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
Non and of	USUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION 13d. INSIDE CITY LIMITS?		ON DERICH RU
and within 24 my cond 2 should	14. FATHER'S NAME	The state of the s	REY OF IRST I A	AME MIDDLE	Reaginst
BALTIMORE, MARTIAND cote be executed within 24 yscican and completely fille opers. Poges 1 and 2 should val. 11, the medical executer may 11, the medical executer may	160 WAS DECEASED EVER		10Chi	ADDRESS	BANCEY
inficate be physician physician pagers. I moval.	18 CAUSE OF DEATH PART I. DEATH W		ond C RESPIRATO	u ARREZT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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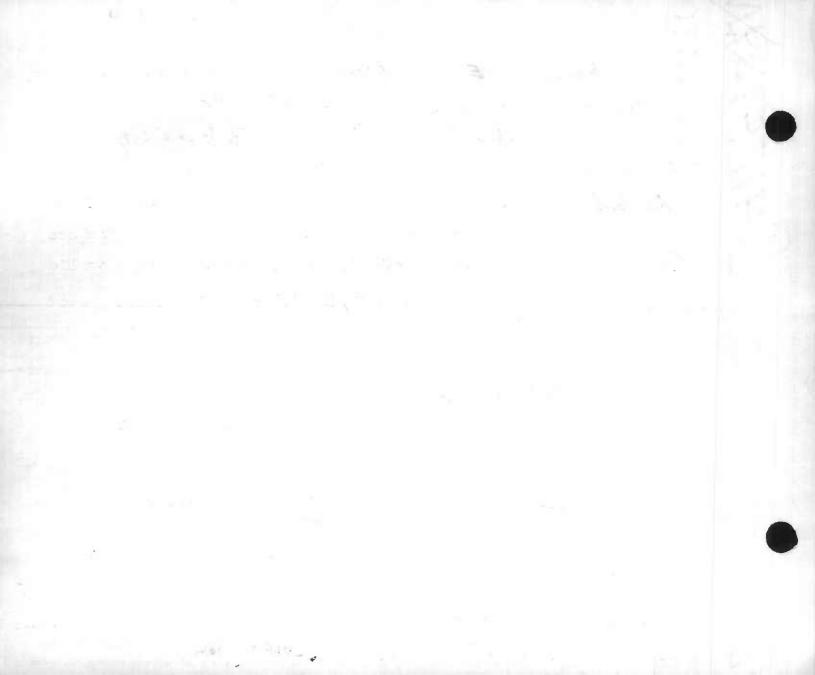
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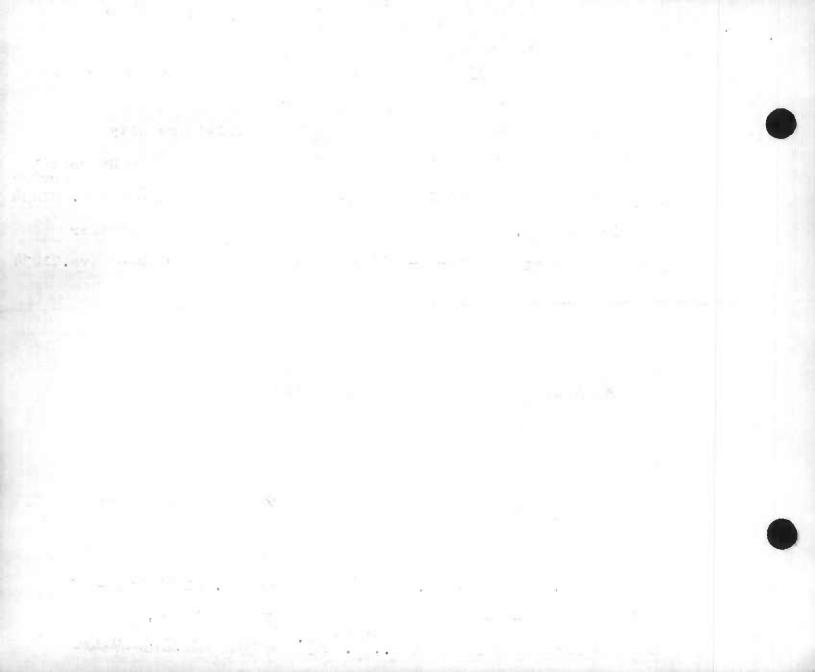


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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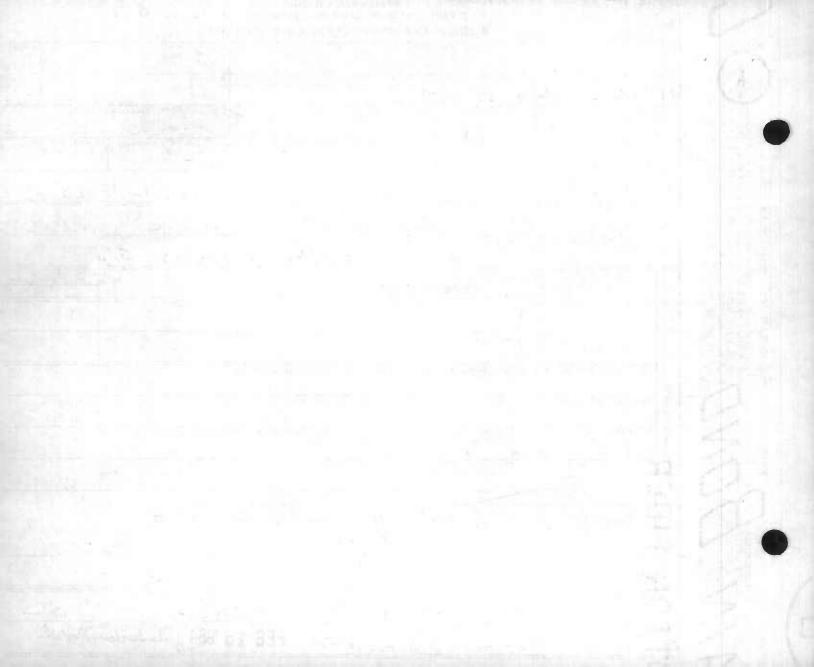
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by the tilled with	B	altimore	11. NAME OF HO	SPITAL, NURSIN	(DORESS)	other institution	TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LIFE) IND		BUSINESS OR
	Mary	Fland 134 COUN	ITY A	ive residence before 3c. CITY OR TOW/ Pasade	na	36 INSIDE CITY LIMITS?		ADDRESS/ Silve	zip code er Run	Ct.	211.22
	FATHER		MIDDLE	Paes	ch	S. MOTHER'S MAIDEN		WIDDEE		E90	ans
Poges, medical	LYES, NO		MED FORCES?	2 16-17		William J	son) • Dono		Pasade 364 Du		
removal.		AUSE OF DEATH (Enter on ART I. DEATH WAS CAUSE	ly ane cause per li D BY: E CAUSE (a)	Cardi	spul	monary	Arres	+	6	APPROXIMA ETWEEN ON	SET AND DEATH
other froumati	gov	ditions, if any, which we rise to immediate se (a), stating the lerlying cause last.	(b)	AS A CONSEQUE	UGTAL	tensini	Acer	dert			
y, or		12. OTHER SIGNIFICANT O	ONDITIONS COL	futul	1 1	OT RELATED TO THE TE	rminal diseasi		ITION GIVEN IN F	PART Ita	
shalls only	21a.	PATE OF OPERATION	196. CONDIT	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTO	NO TY	206. IF YES, WERE IN CERTIFYING O YES	CAUSES O	
7 4	ORC	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEA	THE STATE OF THE S	MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY	IN ITEM 18 PART I OR	PARL 2)	
ked	ZId.	INJURY OCCURRED RE NOI WHILE AT WORK	21e. PLACE O LAT HOME, STREE	F INJURY IT, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOW	n co	UNIY	STATE
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be detached e State Dept TANT: If Hen		SIGNATURE	men	feld	D	ATTENDING PHYSICIAN		STAFF		2/22	GNED 184
hould with the MPOR	3e BUDIA	PHYSICIAN'S NAME (TYPE O	7th Feb.	27 LB.1	IAME OF CE	22e ADDRESS METERY OR CREMATOR	23d LOCA				
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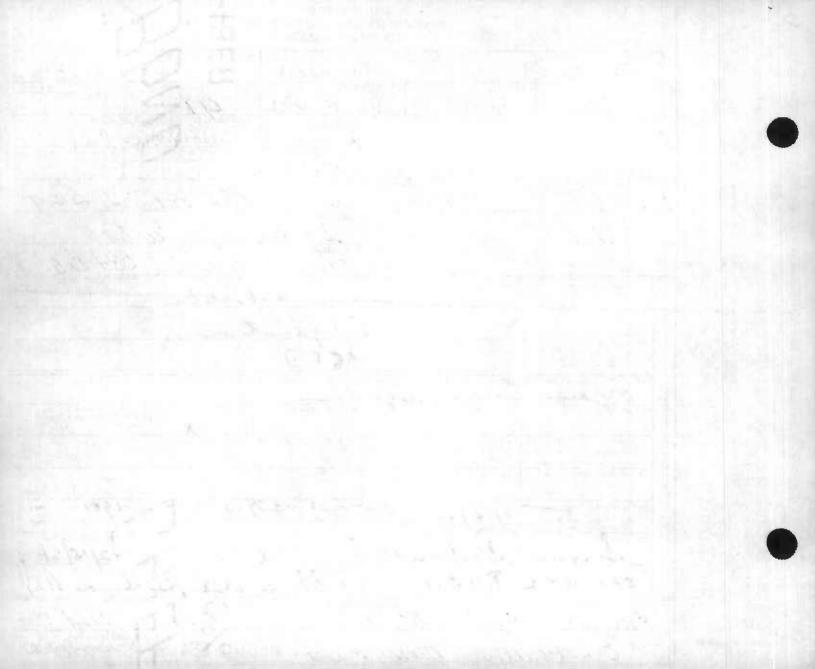
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOLIF PE OR PRINTS Robert 02/09/84 Morton IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) White April 26, 1915 Male TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore City WIDOWED [DIVORCED [126. KIND OF RUSTUSS OF Physics IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore The Johns Hopkins Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE MI COUNTY Chevy Chase 3732 Cardiff Rd. 13d INSIDE CITY LIMITS? Montgomery Md. 20815 YES TX NOF 15 MOTHER'S MAIDEN NAME Morton Agnes Miles Robert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 039-03-5249 Ruth W. Morton 3732 Cardiff Rd. Chevy Chase APPROXIMATE BITERVAL BETWEEN CHISET AND DEATH. RECAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. DILLER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 28e AUTOPSY 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHS Moraco abdomine Anungan-Chron 216 HOW NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from and that in (my) four popinian death occurred on the date and have and from the causes stated 22k SIGNATION DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN DE PHYSICIAN 110551/2 M.D. GRO ADWAY 230 BURIAL CREMATION REMOVAL 23(NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY Cremation 2/11/1984 Cedar Hill Crematory CITY OR TOWN Md TATE Pr. Geo. Suitland 24 FUNERAL DIRECTOR 5130 Wisc. Aver BB 918 DHWH - 16.50M 4/83 Toseph Gawler's Sons Washington, D.C. (VRA 15, 4)

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		ASED NAME R PRINT)	FIRST		WIDDLE		LAST		TE KNOWN X	MONTH	DAY YEAR	2b. HOUR
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14.	FAT	HER'S NAME	MIDE	DIE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
C '		rarles	W		moses	Sr,	Ellen	A	rlene		mos	es
		S DECEASED EVER IN	N U.S. ARMED F		16b. SOCIAL SECUE	RITY NO.	17. INFORMANT		ADDRESS	-1		
L					213-26-	-7230	Ellen	A. M	05e5	5/1	1	
	1	CAUSE OF DEATH	(Enter anly ane	cause per line	far (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL
	1	PART I DEATH WA	IMMEDIATE CA	USE (a) Ur	ndetermine	d						
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		cause (a) stating t lying cause last.		DUE TO, OR	as a consequenc	E OF						
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		ART 2 OTNER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEASE	DR CONDITION GIVEN IN I	PART 1 o				
MEDICAL CERTIFICATION	Ĺ											
/ 3	5 1	96 DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORMED?				28 AUTOPSY	?
4 8										-	YES X	NO 🗌
4 8	2	NDERLYING O		11b. TIME OF HOUR A.M.	MONTH DAY YE	AR 21c. HC	OW INJURY OCCURE	RED (ENTER NATURE)	OF INJURY IN ITEM 18 I	PART 1 OR PART	[2]	
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		T WORK AT WO			2000							
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		death resulted trum.	Nafural cas	nes DA	Accident .	Aide 🗌	Hamicide .	Undetermine	d manner			
					11 -	1	TITLE (SPECIFY)					
_		CTUAL IGNATURE	Non	an	nun	7 M	Deputy Ch	ief MEDICAL E	XAMINER	DATE	2/13/8	14
7		XAMINER'S NAME	em)		141	-						
		YPE OR PRINT)	Thom	as D. S	mith, M.D	•	ADDRESS111	Penn St	. Balt	:0.,MD).	
230	BUR (SPE	IAL CREMATION RE	MOVAL 23b DA	ATE - 10 C	23t. NAME OF	EMETERY O		23d. LOCATIO	N _	COUNT	TY 54	ALE
		Burn	al 2	-11-8	Hrbu	trus	ucm fair	1415AC	(9.		m	10.
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2		1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		282	
	noy be poge 3 rr deoth		EASED NAME FIRST OR PRINTING	MIDDLE	Moulde	20. DATE OF DEATH	2-14-84	26. HOUR B 10 M
	ector.	3. SE)	Male	Weavo	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	WONTHS DAYS YRS. OR COUNTY OF DEATH	HOURS MIN.
	death. Po	1	PRVLAND	L NAME OF HOSPITAL NIES	MARRIED NEVER MARR WIDOWED DIVORCE ING HOME OR OTHER INSTITUTE	ED Bouti	more City	MD.
21201	hours offer a in by the be filed wi	USU	ALLY MORE AL RESIDENCE (IF NURSING HOME OR O	SO BALTIMORE	Ceneral Conent	TYPE OF WORK FOR MOST		
MARYLAND 2	hin 24 should	N	THERS NAME	13 AITY OR YOU	MN 13d. INSIDE CIFY LI YES NO 15. MOTHER'S MAI	0 584 K	ales St. ~	2127
ш	ored win	léa V	VAS DECEASED EVER IN U.S. ARM		CURITY NO. 17 INFORMANT	ellea ADDR	Curtis LAST	0 4 40
ALTIMOR	ite be execu sicion and c pers. Pages ol. , the medico	(18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b),	7-145 Rage	nia Mala	20. 204 L APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST., B	e death certificate tottending physic move corbon pape troumotic event, it		PART I. DEATH WAS CAUSED IMMEDIATE 4292 Conditions, if ony, which gove rise to immediate		eumarea HUENCE OF Dehyd	Aykaslati	-	
201 W.	ires that the gned by the n please rem burial, crema ry, or other t		couse tot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEC (c)	O DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE OR COP	NDITION GIVEN IN PART 110	01
I RECORDS	in. has been sir permit. The sine prior to	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMEN	D 200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
I OF VITA	is certificate buriol-transit Mental Hygie		21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19	OCCURRED (ENTER NATURE OF IN)	URY IN ITEM TB PART I OR PART ?)	
DIVISION	ortendir strendir strendir ond M ked or	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR 1		STATE
	TTEN TOR for us of He		22a.1 certify that (1) (this bespite saw the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNAWIRE	2/14/84/19		opinion death occurred on the	/	
	HOSPITAL OR A' ined by the hosp FUNERAL DIREC uild be detoched in the State Dept.		22d. PHYSICIAN'S NAME (TYPE OF		12 A ATTEN	NDING MEDICAL STA	AFF	5/8/
	TO HOSP retained TO FUNI with the	23a.	SAMUE I	L KUBIN	NAME OF GEMETERY OR CREM	NATORY 234 LOCATION	Bollhmore	· Wax
	BP	24 F	WIERAL DIRECTOR 20	2/2/84	Mt. auhun	250. DATE REC'D. BY REGISTRA		STATE .
	DHMH - 16 50M 4/83 (VRA 15, 4)		NAME E. L. Ph.	ellis 1/2	IN. Monre St.	FEB 2 1 1984	guha Davidson	-Mandelle



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		EASED NAME	FIRST		MIDDLE	L	AST	20. DATE	OF DEATH MONTH	DAY YE	AR 2	b. HOUR
	(Title C	OR PRINT)	EVA	N	MARIE	MU	MAW	FE	BRUARY 3	3 1984	34	8A M
	3. SEX			4. RACE		5. DATE C		6. AGE (1	IN YEARS LAST BIRTHDAY)	MONTHS D		IF UNDER 24 HRS
	201	FEMALE		WHIT	PE.	FER			76 YI	RS.	ATS F	MOURS MIN.
		THPLACE (STATE)	OR FOREIGN		WHAT COUNTRY?	8		9. BALTIA	AORE CITY OR COU		Н	
)	CC	DUNTRY)		U.S.A	^	MARRIE	DXX NEVER MARRIED		BALTIMORE	E CITY		440
-	TO. CIT	Y OR TOWN OF D	EATH				OR OTHER INSTITUTION		AL OCCUPATION		ND OF I	BUSINESS OR
	-	BALTIMO		3227	CLIFTMO	ONT A	VENUE		ORK FOR MOST OF WORKI IEMAKER	NG LIFE) INDUS	TRY	- 1
1	13a ST	TATE	13b COUN		13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e.STREE	T ADDRESS / ZIP C	CODE	7 7 7 E	- 212 1 3
	14 FAT	MD .			DALITH	JKE	15 MOTHER'S MAIDEN NA		Z/ CLIF	IMONI	AVE	5.21213
1		RUDOLPH	137	MIDDLE	RIEMEN	1	MAMIE		MIDDLE	Н	EIL	
		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
	1	OV	(IF TES, GIV	E MAK OK DATES!	212-18-	-5946	WELZIE MU	MAW ((HUSBAND)	SAME	AI	DDRESS
		Conditions, if o gove rise to i couse (o), sto underlying cou	mmediate sting the use last	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TER			I GIVEN IN PAR	RT No	
)	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL	INC	F YES, WERE FI ERTIFYING CAU YES []	USES O	
		210. ACCIDENT WAS I	CAUSE OF DEA	HOUR A.	PF INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJURY IN HEA	A 18 PART I OR PAR	र 21	
	MEDICAL	WHILE NOT AT WORK	WHILE WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNT	٧	STATE
		22a. I certify that saw the dece above, (1) (was 22b. SIGNATURE	ased alive on	2 / 007	19	24.0	nd that in (my) (our) apinion DEGREE ATTENDING	MEDICA	AL STAFF _	220 0		
		224 PHYSICIAN'S DR.	NAME (TYPE C		BENSON	ion	PHYSICIAN PHYSICIAN 320 ADDRESS		LVERT ST		7.3	107
	23a. Bl	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23 c. 1	NAME OF C	EMETERY OR CREMATORY	23d LO	CATION	COUNTY		STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

2/6/84 BURIAL

MEADOWRIDGE MEM

BALTO.

MD.

FUNERAL HOME INC. 21213 3331 Brehms Lane, Balto. Md.

FEB 3

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

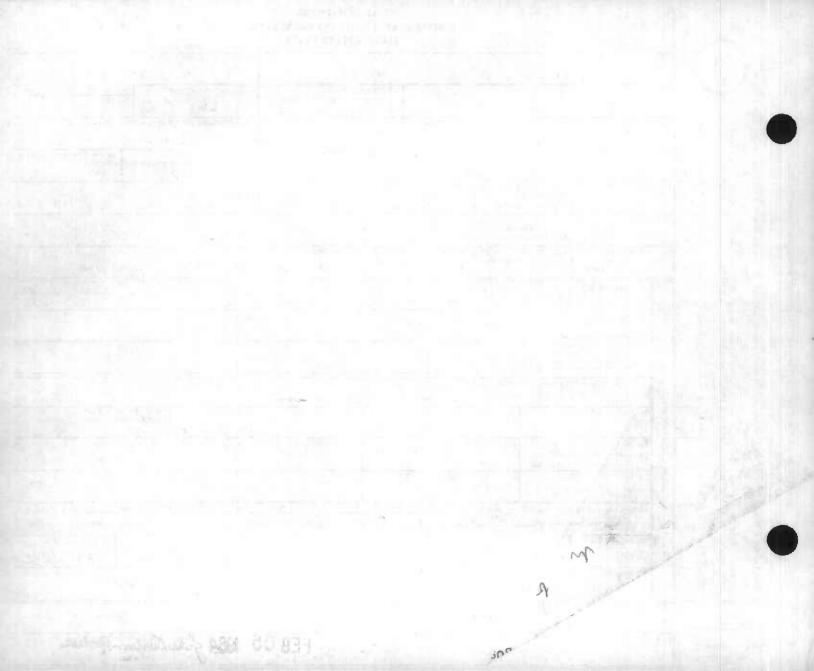
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1/30 2/3 57 2/3 54 Hillow / By 1120 MD / 2/3/34

1 -	STATE REGISTRAR	ULPAI	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
	EASED NAME ENOR	Y CHARLES	MINIZNER JE	20. DATE OF DEATH MON	2 1 74 555
		4 RACE WHITE	5. DATE OF BIRTH	6. AGE ITN YEARS LAST BIRTHDA	YRS. IF UNDER TYEAR IF UNDER 24 H MONTHS DAYS HOURS M
BA	LTO., MD.	U.S.A.	MARRIED ♣ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. BALTIMORE CITY OR CO BALTIMORE	CITY
		ME NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	170. USUAL OCCUPATION 17YPE OF WORK FOR MOST OF WO FOLDER OPERA	ORKING LIFE) INDUSTRY PRINT
13a S	TATE 136 COU	VIY 13c. CITY OR TO	TK 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII 7925 STRATI	P CODE MAN RD. 21222
4 FA			R, SR. MARÏE	VIRĞİNIA	(souls) LAST Nily
		(E WAR OR DATES)			(SAME AS 13e)
ICATION	underlying cause lost.	(c) CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER/	200 AUTOPSY? 20	ION GIVEN IN PART ITO: 10. IF YES, WERE FINDINGS USED 11. CERTIFYING PAUSES OF DEATH?
		AIR	DAY YEAR	RED (ENTER NATURE OF INJURY IN	YES NO
MEDIC	ZIE INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
h	sow the deceased alive on above, (I) (we) (did) (did no		77, and that in (my) (our) opinion	death occurred on the date of	
	226 SIGNATURE	5 1/hlm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
	Phr 2	- UCO		DIRECTOR THISICIAN	
	224 PHYSICIAN'S NAME (TYPE) URIAL, CREMATION, REMOVAL	PRINT) PLONE 1236 DATE 1.2	72e ADDRESS BCH	234 LOCATION	
	BA SEX BA SUA A FA	MALE MALE BALTIO., MD. OCITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME) A FATHER'S NAME FMORY COMMAND IS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter OB) BY CONTRIBUTING COUSE IDST. 190. DATE OF OPERATION 190. DATE OF OPERATION 191. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IN JURY OCCURRED OR CONTRIBUTING AT WORK WHILE AT WORK AT WORK 21d. INJURY OCCURRED WHILE AT WORK AT WORK 12d. I certify that (I) (this hosp sow the deceased alive or sow	THE CONTRIBUTION CHARLES IS SEX MALE WHITE IS BIRTHPLACE ISTATE OR FOREIGN BALTION, MD. U.S.A. III. NAME OF HOSPITAL, NUR HE NOT IN SUCH FACHITY, GIVE STR BALTIMORE IS UAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE) IS STATE MARYLAND A FATHER'S NAME EMORY CHARLES MUNDIA FATHER'S NAME EMORY CHARLES MUNDIA IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO. OR AS A CONSECT CONDITION, stoting the Underlying couse lost. IF OR CONTRIBUTING OR CONTRIBUTING IN OR CONTRIBUTING IN OR CONTRIBUTING OR CONTRIBUTING IN OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	CHARLES WALE WHITE S. DATE OF BIRTH MONTH DAY YEAR WHOWED DAY WIDOWED DIVORCED TOWN CHARLES S. DATE OF BRITH S.	

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6500 York Rd.

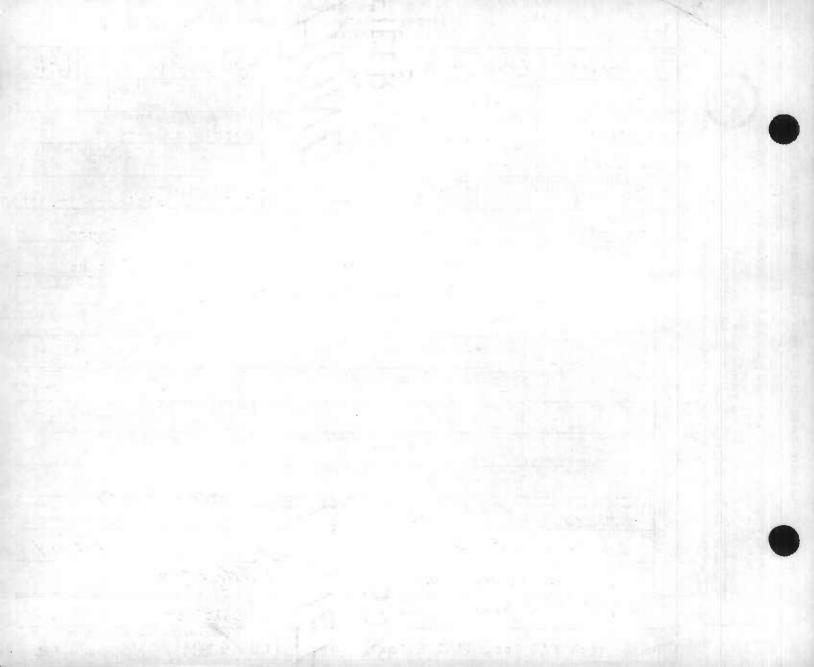
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LEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE . DECEASED NAME 2e. DATE KNOWN X 2b. HOUR (TYPE OR PRINT) ESTI-OF C. DEATH MATED Joseph Myers 719 84 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR 5 DATE OF BIRTH IF UNDER 24 HRS 20 DATE LAST BIRTHDAY) PRONOUNCED 7, 84 23 Male White 9 15 60 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR Pennsylvania MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED Baltimore City D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17b, KIND OF BUSINESS Yard Master Railroad Baltimore University Hospital UAL RESIDENCE (IF IN NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 226 Folk Street -18042 Pennsylvania North Hampton Easton YES [NO [X] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE T Mary Myers Elizabeth Eagle Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 18024 YES, NO. OR UNKNOWN) Morello Funeral Home 201 S 12th St. 187-16-8609 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL-HEALTH AND MEI LECREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION QSSN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CONTROL OF SHOULD BE USE TO PERMENT OF THE CONTROL OF T YES 🔀 NO 🗌 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR XX MONTH DAY YEAR INDERLYING A OR CONTRIBUTING CAUSE OF DEATH 11:30M. 6 19 84 Subject shot 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 5900 Blk. Edmondson Ave, street Balto. Co., Md TO MEDICAL EXAMINER:

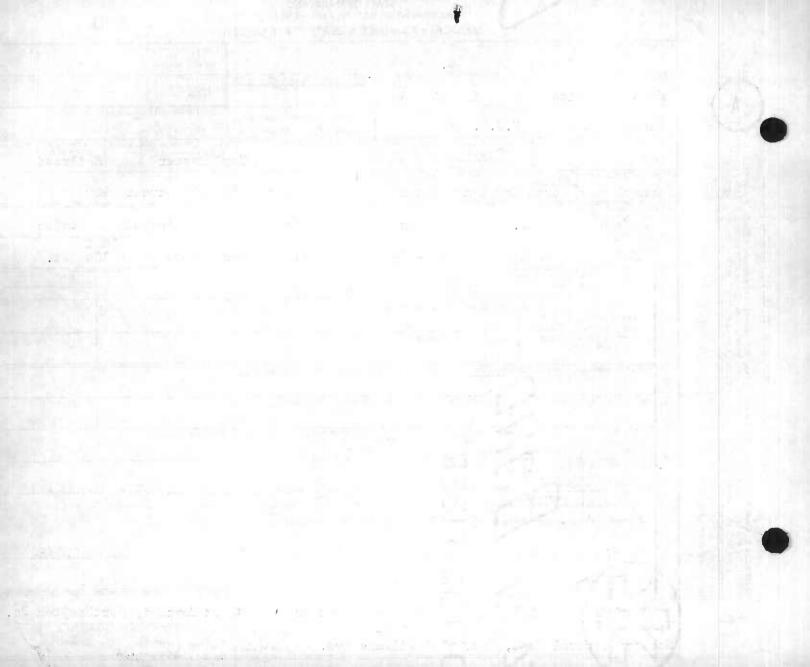
EXECUTE THE CERTIFICATE,

PAGE 4 SHOULD BE FORW.

TO FUNERAL DIRECTOR: 11

AFTER DEATH, WITH THE STI Autopsy X 724 I certify that Maak charge at the response data bed above, held and Inspection Inquiry HamicideXX Undetermined manner TITLE (SPECIFY) M. Deputy ChiefredICALEXAMINER 2/7/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto, Md. 23c. NAME OF CEMETERY OR CREMATORY 30 BURIAL, CREMATION, REMOVAL 23h DATE Buria1 Palmer Township Northampton Pa. 2/10/84 Gethsemane Cemetery So. DATE REC'D. BY REGISTRAR 25 PREGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 21229 DHMH - 17 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR'A15 ME (5)) 20M 4/B2

STATE OF MARYLAND



Item 4 pe	Y I	h. 1-	2/15/84 FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 0 4 2 9 1 REG. NO.					
NES			EASED NAME OR PRINT)	FIRST ALMA	1	V.	NA	NST .	FEBRUARY 6	DAY YEAR	26. HOUR A 4:16 M			
m .x		3. SEX	_		RACE Amer.	Indian	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	4 16 M			
E HER	120		THPLACE (STATE OR OUNTRY)	FOREIGN 71	. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED .	9 BALTIMORE CITY OR COUN					
一年刊	2		Md.	ATH 1	USA 1. NAME OF	HOSPITAL NURSI	WIDOWE		BALTIMORE (MD. OF BUSINESS OR			
5 CT : A 1 1	83		BALTIMOR	RE	THE J	OHNS HO	PKINS	HOSPITAL	Type of work for most of working Housewile					
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CU	/		(AS DECEASED EVER		ED FORCES? WAR OR DATES]	215-78-		Sharon Lockl	ear 213 N. Dur					
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N OF VIT	9	MEDICAL CERT	218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MED	CAUSE OF DEATH	Р	OF INJURY ,M. MONTH [,M. OF INJURY	PAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}				
NISIO	io per	MED	214. INJURY OCCUR	HILE		REET, FACTORY, OFFICE	FARM ETC]	STREET	CITY OR TOWN	COUNTY	STATE			
교무 교통환	It if item 21 is mo		22a. I certify that (I sow the decease obove, (I) (we) (22b. SIGNATURE	sed alive on_ (did) (did not)	2/10	19_	84.0	nd that (n (my) our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the date and l	hour and Irom the	tho (I) we) lost couses stated SIGNED			
TO HOSPITA eroined by TO FUNE should be with the Sto	WPORTAN		22d PHYSICIAN'S N	Da	Make	Ita		Johns +	bokins Hosp	-BALITO	21205 MD.			
BP	-		URIAL, CREMATION SPECIFY) Buria		23b. DATE 2-9-8			ne Park	123d LOCATION CITY OF TOWN Balto	COUNTY	Nd STATE			
DHMH - 16 50M 4/ (VRA 15, 4)	/83	Je	hn M. Web	ier & S	Sons gr	c. 401 J	. Che	iter St. FEI	TE REC'D. BY REGISTRAR 254 REC	DIKAK SIGNA	TORE #			

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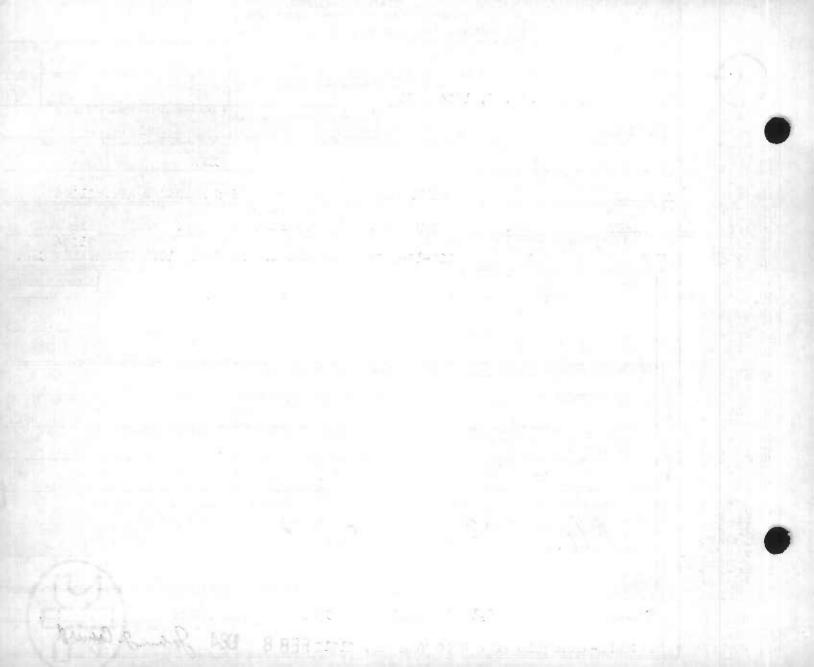
4	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAE HY	GIENE 0 4 2	9 2	
	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
		EASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MOR	NTH DAY YEAR	R 2b. HOUR
nay be poge 3 er deoth	(TYPE	ORPRINI) HELEN	1 LOUISE	NELSON	2	2 11 84	4 332 A
le 4 may	3. SEX	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH 7 DAY 24 YEAR 22	6. AGE (INYEARS LAST BIRTHDA	MONTHS DA	
oth. Pag erol dire 72 hour	00	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR C		Citu
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ithin 2 show	14 FA	THER'S NAME	BALTO BALT	YES NO 15. MOTHER'S MAIDEN NA	11/9 /4ac	pert s	c.2/230
on on one of one		OSCAR	E. WOLFE	FAYe	M.	SOLING	ER
Pages medical			RMED FORCES? 166 SOCIAL SECTION (NE WAR OR DATES) 293	18 1207 Mr. Lawre	ence W. Nelson,	Same a	s above
that the death certificat by the ottending physicase remove corbanpop of, cremation, ar remova		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) (c)	OIAC ANRES		BETWE	ROXMATE INTERVAL EEN ONSET AND DEATH
requires 1	CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	700 AUTOPSY? 120	Db. IF YES, WERE FIN	DINGS USED
an. hos b	FF.				YES TO NO FT	CERTIFYING CAUS	SES OF DEATH?
physicial physic		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)
G PHYS attending er this control Me bur the cond Me the conduction of the conduction	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION FARM, ETC }	CITY OR TOWN	COUNTY	STATE
TENDIN or or use a or use a of Health		220.1 certify that (1) (this hosp	ital) attended the deceased from 7 - 198	y, and that in (my) (aur) opinion	deoth occurred on the date	and hour and from	, that (I) (we) las
ITAL OR AT by the hasp ERAL DIREC: e detached f Stote Dept. or	(226. PHYSICIAN'S NAME (TYPE	or) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_/ .	2-11-84
TO HOSPITAL TO FUNERAL IShould be deto with the Stote IMPORTANT: H		REGINALO D	, RIGSRY, W	io So, BAU	TO GENERA	e Hosp	TAL
BP	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	736. DATE 736.	NAME OF CEMETERY OR CREMATORY Cedan Hill Cemeter	23d. LOCATION GITY OR TOWN Baltimore	e. Mary	uland STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NAME MC COLL	Alex 5 Funencial		TE REC'D. BY REGISTRAR BE		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED XX 10 84 1 - 30E. Neu, Jr. Harry SEX 4. RACE DATE OF BIRTH AGE LIN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 9:00 DEAD JAN. 6, 1924 60 1084 WHITE 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) USA MARYLAND WIDOWED . DIVORCED Baltimore City, I CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) CLERK Baltimore 4605 Luerssen Avenue 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13c. CITY OR TOWN 4605 LUERSSEN AVE. 21206 MARYLAND BALTIMORE YESXX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST E. VIRGINIA KIRKWOOD HARRY NEU SR. H. 16h SOCIAL SECURITY NO. 17. INFORMANT PERMIT PAUL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 21204 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW2 DONALD A. KIRKWOOD 107D VERSAILLES CIR. YES 220-12-5808 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E FORWARDED TO THE CITY OF PAGE 3 SHOULD BE US YES [] NOXX 210 EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING XXOR 1 - 3010 84 CONTRIBUTING CAUSE OF DEATH subject shot himself 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED II LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) NOT WHILE XX AT WORK 4605 Luerssen Avenue, Baltimore, Maryland Home Inspection X 270. I certify that I bak charge of the remains described above, held an Autopsy Inquiry and in my apinion Undetermined manner 1 - 31 - 84Dennis F. Smyth, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL FEB. 6.1984 GREEN MOUNT CEM. BALTIMORE MD. BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAD 356. REGISTRAR'S SIGNATURE **DHMH - 17** MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212 HEB 8 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND,

SELECTION OF SEVERE STEWART COLUMN the Control of the Paris of the Control of the Cont TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the fushould be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 170nd 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

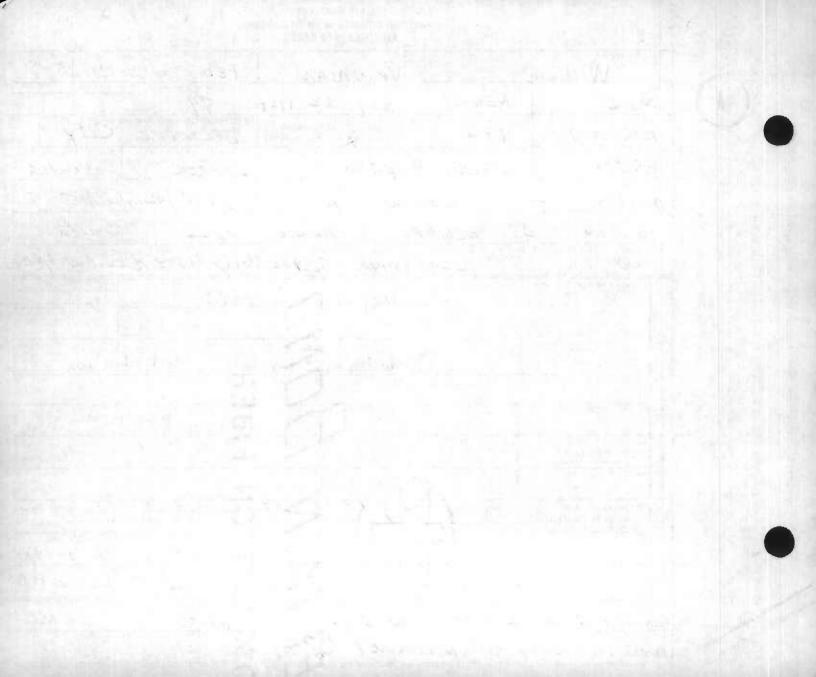
CERTIFICATE OF DEATH

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34YT)	CEASED NAME FIRST	MIDDLE	New	MAN	FEb.	2 - 4-19	784 5:
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	William	A. Newas	av I	ANDIE	BE COLORE		mith
	WAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 212-09	1544A	7. INFORMANT SXLY TA	Mordy /15	y fear	. Ado A
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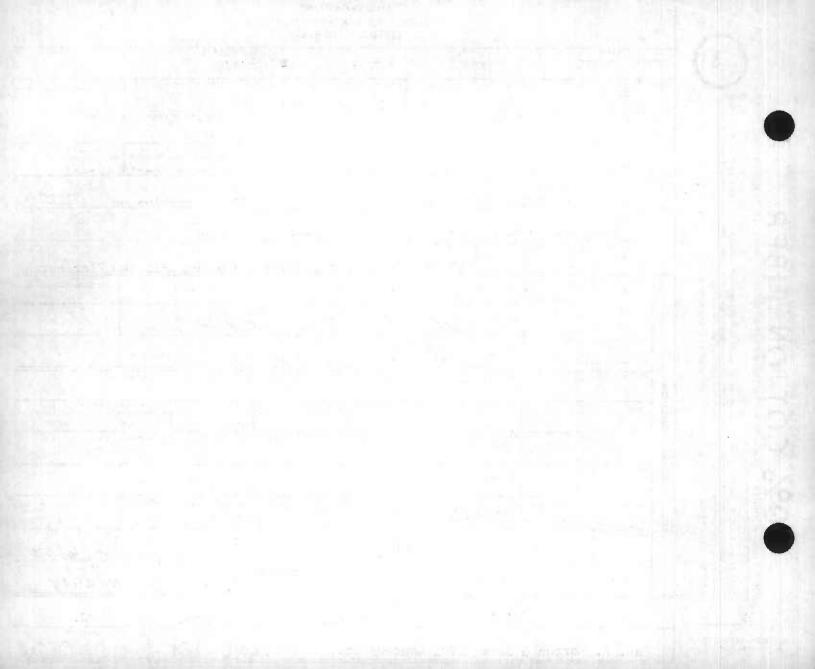


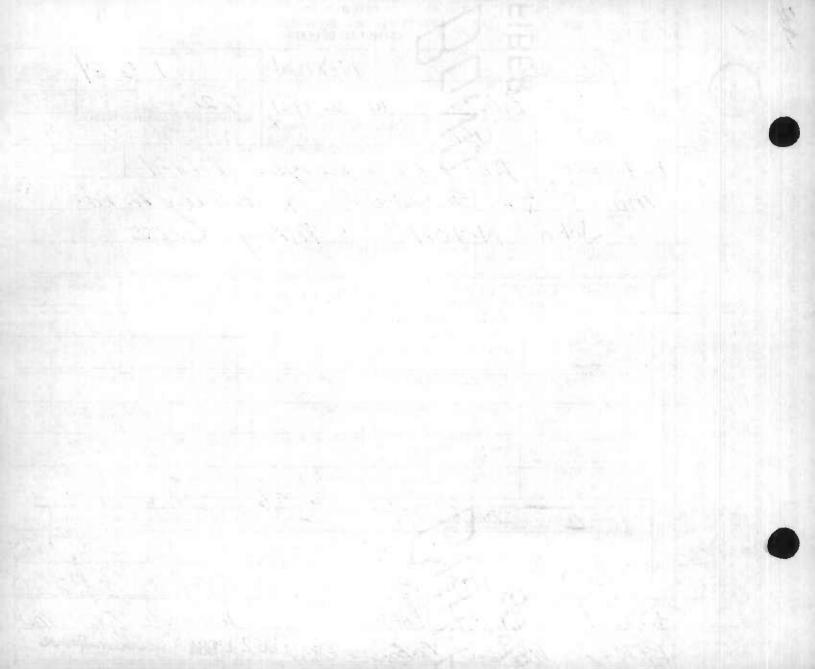
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR		CERTII	ICATE OF D	EATH	REG. NO	D.				
		CEASED NAME FIRST OR PRINT) JESSE	PORTER				26. DATE OF DEATH 2/5/84	DAY YEAR	2b. HOUR	M		
	3 SE)	Male	B1k	5. DATE (OF BIRTH	YEAR 1894	6. AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HOURS A	HRS MIN.	
	2	G.C.	U.S.A. 1. NAME OF HOSPITAL,	MARRIE		ARRIED -	9 BALTIMORE CITY O		OF DEATH	E BLISINESS	MD.	
	-	Baltimore AL RESIDENCE HE NURSHING HOME OR G	(IF NOT IN SUCH FACILITY, G Balto.	City Hos			Rethlehem	F WORKING LIF	FE) INDUSTRY			
ろう	13a. S	Md. Ba	13c. CITY T	OR TOWN URNERS	15 MOTHER'S	NO 🗆	13e. STREET ADDRESS 208 Walnu	t Avei	une	21222		
6		Raeford VAS DECEASED EVER IN U.S. ARA	Newton	AL SECURITY NO.		ttie	York ADDRE	SS	LAST			
6	1	YES, NO OR UNKNOWN) (IF YES, GIVE 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		09_1256	Mrs.	Menyor	n McCallum	513 1		Shure		
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-	23s. B	PHYSICIAN DIRECTOR PHYSICIAN DIR										
	_	Jas. A. Morton	& Sons 1703	Ceda Laurens	r Hill St.	250. DATI	Balto. EREC'D. BY REGISTRAR EB 6 1984	25b. REGIST	Md.		ed	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.





- STATE

REGISTRAR

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 20. DATE OF DEATH MONTH 26 HOUR d 0 IF UNDER I YEAR IF UNDER 24 MRS 6. AGE (IN YEARS LAST BIRTHOAY) YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BUSINESS OR 13e.STREET ADDRESS / ZIP CODE

ADDRESS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STATE OF MARYLAND

CERTIFICATE OF DEATH

CITY OR TOWN

NOF

900 Vesa Gt

MIDDLE

COUNTY

206. IF YES, WERE FINDINGS USED DECERTIFYING CAUSES OF DEATH?

YES [

and that in the (our) apinion death occurred an the date and hour and from the causes stated

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

22c. DATE SIGNED

23d LOCATION Baltimore

COUNTY

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, Maryland

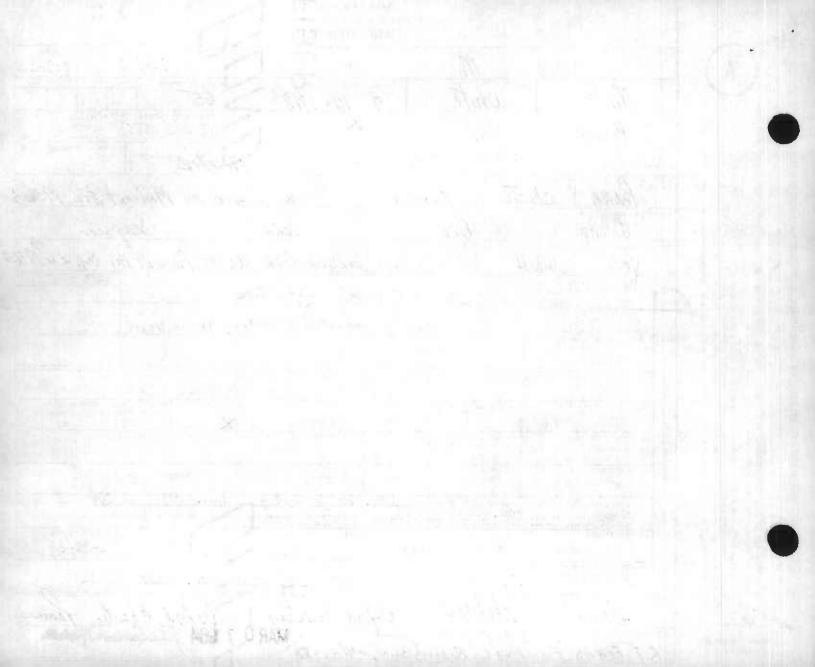
REGISTRAR 256 REGISTRANS SIGNATURE SELECTION OF THE PROPERTY O

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/		1.	FOR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 0 4 3	0 0
Y	1	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2	1		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
37	C SA	[TYP	EMMA	Jane	OMER	02.0	08 84 12:35%
1	a an	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-0-			Fonolo	Rlank	MONTH DAY YEAR	64 YRS.	AONTHS DAYS HOURS MIN.
10	1 / J		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		9. BALTIMORE CITY OR COUNTY	
4	動物		COUNTRY)	71.5.A.	WIDOWED DIVORCED	BALTIMORE CIT	rY MD.
One-	20/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
5			BALTIMORE		HOPKINS HOSPITAL	Howeinaken	A+ HOIDE
P P	القريد القريد	USU 13a	AL RESIDENCE (IF NURSING HOME C STATE, 136 COU	DROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
200			Md.	Balt	YES NO	226 N. Collingto	
	The Car	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	MIDDLE	LAST
70	du ox	1	George		N Bestie	Fle	MMING
	Poges 1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	1 1 0
	rs. Pog		NO	3/4-18	5781 VICKIBING	Gold 420 N. Nac	tenia St.
	0 0 - +		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b),	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate	- D 0 2011000		MARTI. DEATH WAS CAUS		ae airest		
90	dio o di		4381	DUE TO, OR AS A CONSE	QUENCE OF		
deoth	emove c motion,		Conditions, if any, which	(16) Hypoi	en-		
÷ .	the see the		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		
thot	please uriol, cr		underlying cause last.	(c)			
8	9505	7		conditions contributing	TO DEATH BUT NOT RELATED TO THE TER		EN IN PART lid
P. P.		CERTIFICATION	Kenal failu	1	no repertension		, WERE FINDINGS USED
30	Q E d o	\ \frac{4}{2}	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
The	ssit per giene	1		CONTRACTOR INTERV	121. HOW INTERPROCES	195	S NO
CIAN:	S P F C		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART LOR PART 2)
Sec	riol ent fen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19 2H, LOCATION		
PHY		Me de	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
No.	After the os the olth and marked		AT WORK AT WORK		- 3/1	4 2/8	
Z o	5. T C 30		220.1 certify that (1) (this has saw the deceased alive a	pital) attended the deceased fra	Da /	n death accurred on the date and have	19 that (I) (we) lost
	1 4 0 64	3	obove, (I) [Well (did) (did r	nat) view the bady after degree		deom accorred on the date and nao	226. DATE SIGNED
O -			22h SIGNATURE	0 1/6	DEGREE ATTENDING	MEDICAL STAFF /	7/X/AU
TAL by th	A State A		/ Tell	X (4 (0)	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	C 410,
HOSPIT ined by	d be		22d. PHYSICIAN'S NAME	7 2	0 0 11	20 1600 Ba	01 110
TO HOSI	Should be detoo with the State D		Cleoras	V. Dittour	1 Johns 11	Up. 1705/, Da	
T or	- 0 > 2	23a.	BURIAL, CREMATION, BEMOVA	AL 236. DATE 2	30 NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP_			Burial	2-13-84	Battimore Coty.	Baltimore	Nd.
DHMH - 1	16 50M 4/83	24 F	UNERAL DIRECTOR	() W MAIN A ADDRE		EB 1 0 1984	KAK'S SIGNATURE
(VRA	15, 4)		KALINOSOL	21. Callerk 24	3/2. Oxuser Sto	FO TO BOH	Marchal Lange

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Stall Of N OFFICERY many thought 0.885405 4613 MARY PLOSE BALL Carlo Mad . . My commonal Interfer report orread Past by of Confestive part dating CUA, the fines one come Charled all Health 1/4/84 (T. Echlerker Cherman) 12 A8 C/2 83 M/21 COL Stange of Store mo 13/010 Morey Haspard dom c. duite. inc., self in 213 4.

DHMH - 16 50M 1/81

(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Lillian OToole 9:10 a. 4 RACE 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY Female White HOUR5 Sept. 29.1894 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Barto, Md. Baltimore City. WIDOWED 17 III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 19 ATTOM 10ST OF WORKING LIFE) INDUSTRY 1 CE ONE Uper - Crean St. Agnes Hospital Baltimore Lephone AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? Md. Agnes Lane, 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Patrick Toole Catherine Cahill 11 INFORMANT Catonsville DDRESS Md. 21228. 16b SOCIAL SECURITY NO. IAN WAS DECEASED EVER IN U.S. ARMED FORCES? HIS, NO OR UNKNOWN HE YES, GIVE WAR OR DATEST Raymond F. Noon-435 Acadamy Rd. 18 CAUSE OF DEATH (Enter only one cause per line for in) PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUEA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. ATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) STATE NOT WHILE 22a I certify that (i) (this haspital) attended the deceased from saw the deceased alive or an the date and haur and from the causes stated abave, (I) (we) (did) (did no 226. SIGNATURE DEGREE ATTENDING PHYSICIAN [] DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (THE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN New Cathedral Cemetery - Baltimore, 24 FUNERAL DIRECTOR Sterling Funeral Estate, P. A 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 736 Edmondson Ave.; Baltimore, Md. 21228

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT AL HYGIENE

4	1-	FOR STATE REGISTRAR			DEPA		HEALTH AND MI		IÉNE	REG. NO	0.		~		
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V	TYPE	OR PRINT)	GEORG	E	Е	OV	VEN.				02	24	84	h 0:40 RM	
1	3 SE)			RACE		5. DATE	OF BIR1H		6 AGE (IN	YEARS LAST BIR	THDAY)	IF UND	DER TYEAR	IF UNDER 24 HRS	
1		Male		Whi	.te	Ja	h. 7, 19	22 ^{AR}	62		YRS	MONTHS	DAYS	HOURS MIN.	
2	7a BI	RTHPLACE (STATE OR FOR MISSOURI	PEIGN /b.	CITIZEN OF USA	F WHAT COUNTRY? B MARRIE WIDOWE		ED NEVERMA	ARRIED 🗍		TIMO	_	TY OF D			
20	/	ITY OR TOWN OF DEATH		(IF NOT IN SUC	H FACILITY, GIVE S		OR OTHER INSTIT	UTION	(TYPE OF WO	OCCUPATI RK FOR MOST O		LIFE) IN	DUSTRY	f BUSINESS OR	
191	USU	AL RESIDENCE (IF NURSING	HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION							baace	1011	
A			B COUNTY	,	13c. CITY OR		134 INSIDE CIT	Y LIMITS?		ADDRESS /				21210	
_/		aryland			Balti	more	YES X)		N. Ch	aries	S St.	reet	21218	
1	14.12	FIRST	MID	DLE	LAST		Fil	RST		MIDDLE		-	LASI		
L		George		E.		en		th		ADDRE		Spr	Spradling		
1		VAS DECEASED EVER IN YES, NO OR UNKNOWN) ((IF YES, GIVE W	AR OR DATES)	181-26	=2267	Mrs. De		Owen	same		‡ 13			
		Conditions, if ony, we gove rise to immer couse (0), stoting underlying couse	which diote the lost.	DUE TO, O (b) DUE TO, O	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF				Weeks MINAL DISEASE OR CONDITION GIVEN IN PART 1:0					MATE INTERVAL ONSET AND DEATH	
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7	CERTIFICATION	190 DATE OF OPERATIO	N	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AU1	OPSY?	IN CERT			OF DEATH?	
Î		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	TH HOUR A.M. MONTH DAY YEAR						NATURE OF INJU	RY IN ITEM II	B PARTIO	JR PART 2)		
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET			١		CITY OR TO	, c	OUNTY	STATE				
		220.1 certify that (1) (the saw the deceased obdive, (1) (we) (did 22b. SIGNATURE			by otter death. DEGREE ATTENDING				on death occurred on the date and hour and from the couses state 22c DATE SIGNED 2 12 V						
		224 PHYSICIAN'S NAM	kun	char	, Tr	rael	22e ADDRESS	Jolfe		4	Ba	Uti	W 01	re_	
		BURIAL, CREMATION, RE (SPECIFY)	MOVAL	23b. DATE		73c. NAME OF	CEMETERY OR CR	REMATORY	23d LOC	Y OR TOWN		COU	NIA	STATE	
		Buria	1	2/28/	84	Dulanes	Valley	Cem.	Ba	ltimo	re	Ma	ryla	nde es	
	24 FL	UNERAL DIRECTOR			ADDR		4.	25a. DATE	REC'D. BY	REGISTRAR	256 REGI	STRAR	Promot	Sulfore to	
	Ru	ick Towson F	Tunera	1 Home			ork Road	FE	D 41	1304	1				



(VRA 15, 4)

STATE OF MARYLAND

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Maltimore, M.

Ser I 2/24/198 .rbutus Kemorta Park Nutter Serk Firerti Home in . 201 Synn Filk Perkney, Balto. Mr. 21215 MA TEEL THE LOCAL AGRA SALES 150 . W. . W. I. Market Comment of the language
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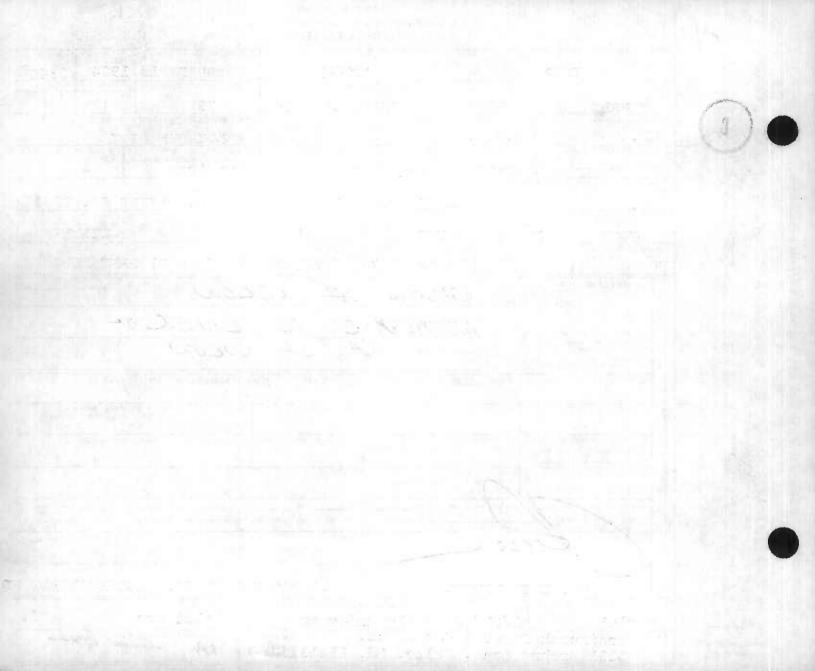
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Theka Bucharan 10 MICHAEL J BIXUANA W

10	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 4 3	1 0
	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR A
2 (M.C.)	WILL	TAM C.	PARKTNSON	FEBRUARY 5	1984 5:15 M
	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
8 8 2	M	W	MONTH 3 / 8 / 2 4 YEAR	57 YRS.	MONTHS DAYS HOURS MIN.
4 90 8 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
100	VA.	USA	WIDOWED DIVORCED	BALTIMORE C	ITY
	BALTIMORE	11. NAME OF HOSPITAL, NURSI UNOT IN SUCH EACILITY, GIVE STREE THE JOHNS H		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY STEEL
2 转变人	SUAL RESIDENCE (IF NURSING HOMES)	POTMED INSTITUTION CIVE DESIDENCE DESC	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 938 Homber	21221
1 20 10	I. FATHER'S NAME	7.1 1 2002.	15. MOTHER'S MAIDEN N.	AME	O AVE
1 2 /350	DEWEY	PARKINSON	EVA	TATE	LAST
	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)		ARKINSON	ABOVE
to the death certicals by the death of the death of the physical certical c	PARTI. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	- RESPITORY	FAILURE NG (RECURRENT PHEOMONIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I HOUR 48 HOURS
Participant of the Communication of the Communicati		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
V: The low requirements of the low requirements of the low requirements of the low son, like the low s	19ª DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
75 355 5	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH D	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)
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TTENDING pital or of TOR: Afte for use as of Health?	sow the deceased alive or	ot) view the body after death.	2 7 . 19 84 . ond that in (my) (our) opinion	death occurred on the date and hou	1984, that (II (we) lost
SPITAL OR ATTER J by the hospital NERAL DIRECTOR be described for u e Store Dept. of H TANT: if them 21 is	22b. SIGNATURE	anami	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2 584
TO HOSPITAL TO FUNERAL should be deter with the Store	KAN AN		Tout	N. WOLFE ST.	BALTO 21205
≥ € ⊢ 5 ≤	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE MI
BP	DURIAL	10/84 1	POLLY HILL	BALTO.	MO
DHMH - 16 50M 4/83 (VRA 15, 4)	J.B. CONNE	ADDRESS 3	O MACE 250, DA	TE REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE

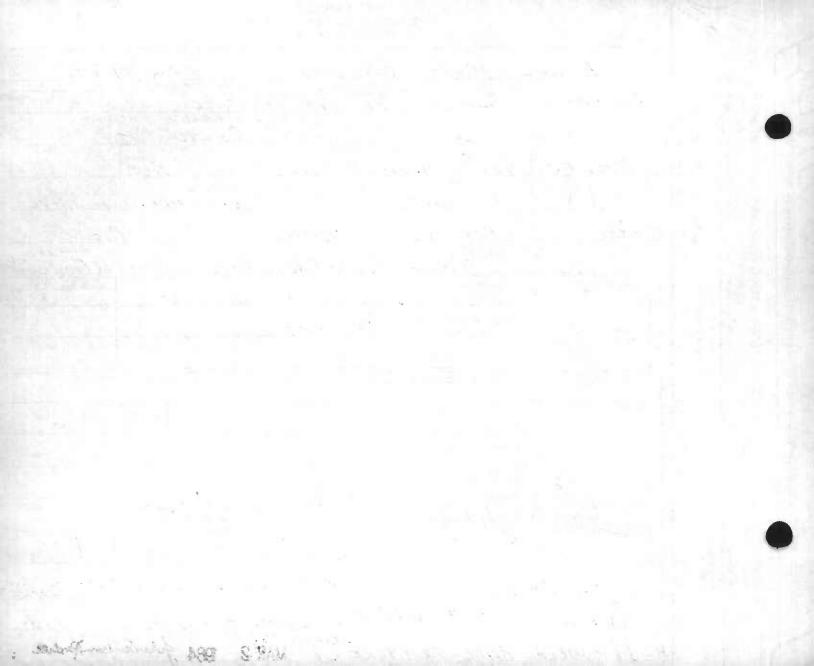
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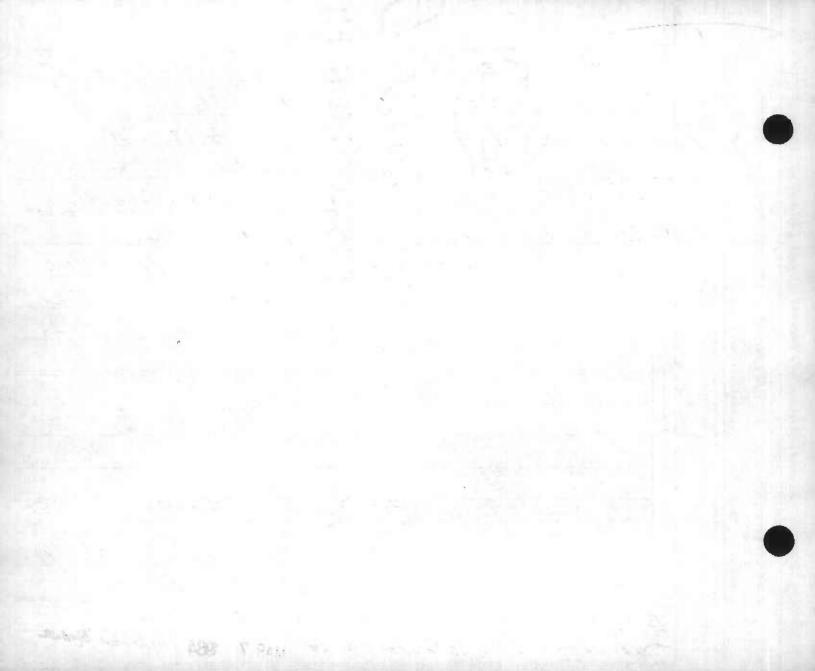


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(TYPE	OR PRINT)	IRST	MIDDLE		LAST		OF ESTI-	MONTH	DAY YEAR	2b HOUR
1		dward	Joseph		Papirosk		DEATH MATED	12 60	11 1984	M
Me	rle Whit	s. project	26 22	6. AGE (IN YEAR LAST BIRTHDAY			PRONOUNCED DE AD	MONTH 2	DAY YEAR 12 1984	28. HOUR 2:36
7a BIR	THPLACE (STATE OR EIGH COUNTRY)	76 CITIZEN	S.A.		MARRIED NEVER	MARRIED XX	Baltimore	_		MD.
	y or town of death Baltimore		OF HOSPITAL, NU SUCH FACILITY, GIVE ! 20 Bank	STREET ADDRESS)	OR OTHER INSTITUTIO		AL OCCUPATION (TY) OST OF WORKING LIFE)	PE OF WORK	Western	ISINESS RY
13a S.T	RESIDENCE (IF IN NURSING ATE Pryland	HOME OR OTHER INSTITU COUNTY	ITION, GIVE RESIDENCE	E BEFORE ADMISSION Y, OR TOWN Limore	13d. INSIDE CITY I	IMITS? 13e SIRE	Bank Str	reet 2	21224	
14. FA	THER'S NAME	MIDDLE	Papire		15. MOTHER'S Juli	MAIDEN NAME	MIDDLE		urawski	
16a W (YE	AS DECEASED EVER IN U s, no, or linknown) (IF YE	I.S. ARMED FORCES ES. GWE WAR OR DATES)		3-16-23			ris 6403 G	S	Alexan	dria, Va.
NO	Conditions, if any, gave rise to imm cause (a) stating the ying cause last. PART 2 OTHER SIGNIFICANT COND	which dediate under- (b)	O, OR AS A CO	NSEQUENCE O	F	YEN IN PART 1 (g)				
TIFICATION	190. DATE OF OPERATION	N 19b. C	ONDITION FOR	WHICH OPERA	TION WAS PERFORME	D?			20 AUTOPSY YES	NO 🔯
	210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAUSE	/AS 21b. 1 HOI SE OF DEATH	IME OF INJURY JR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC		ATURE OF INJURY IN ITEM 18	BPART 1 OR PA	YES 🗆	
MEDICAL	210 EXTERNAL CAUSE W	/AS 21b. THO	IME OF INJURY JR A.M. MONTH	DAY YEAR			ATURE OF INJURY IN ITEM 18		YES 🗆	
23a BU (5f 24 FU	210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTION CAUS	Thomas 23b. Date 2-15	IME OF INJURY JR A.M. MONTH P.M. PLACE OF INJURY EET, FACTORY, FARM, II DINS described ob B D Sm 23c.	ith, MD	21c. HOW INJURY OF STREET Autopsy	aspection	Inquiry , or rmined manner , cal EXAMINER St. Balto CATION ROOM ROOM ROOM ROOM ROOM ROOM ROOM RO		YES DUNTY DUNTY DINION 2/13	NO STATE

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		FOR	DED	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	CITAL C	. •
8	1.	STATE REGISTRAR	oer,	CERTIFICATE OF DEATH		
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26. HOUR
1 75	(I YPE	EThE	L MARY	PATTERSON	0	2 27 84
	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
6(3)		FEMALE	BLACK	06 06 93	90	YRS.
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
1 11 20		VH.	U.S. H.	WIDOWED DIVORCED	BALTO.	CITY
4 41 50/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a. USUAL OCCUPATIO	
F 12 61	7050	AL RESIDENCE (IF NURSING HOME OR		RLINGTON AVE.		Ket,
A 24 36	13a. :	STATE 13b. COUN	ITY I3c CITY OR I	OWN 138 INSIDE CITY LIMITS?	13e. STREET ADDRESS	0/2/1
1 11 42	14. F	THER'S NAME	DAL	YES NO 15. MOTHER'S MAIDEN N	JOIN, HE	LINGTON AVE
1 17 60	6		WIDDLE PATTO	FIRST	MIDDLE	Moses
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO. 17. INFORMANT	ADDRES	
10 9/	1	(ES, NO OR UNKNOWN) AF YES, GIVE	WAR OR DATES)	2-9081 mes Ode 11	PAVID - 1	5901 Old Foods
ol.		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b	, and ice	TITYNE	APPROXIMATE INTERVA BETWEEN ONSET AND DE
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not red		gave rise to immediate cause (a), stating the	(6)		7	
by the		underlying cause lost.	DUE TO, OR AS A CONSE	QUENCE OF		
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ow runt	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ho hos	E				YES NO	YES NO
	E E	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
Z de finale	4		P.M.			
GCIAN: g physi g physi	U	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1 ./4/,	19		
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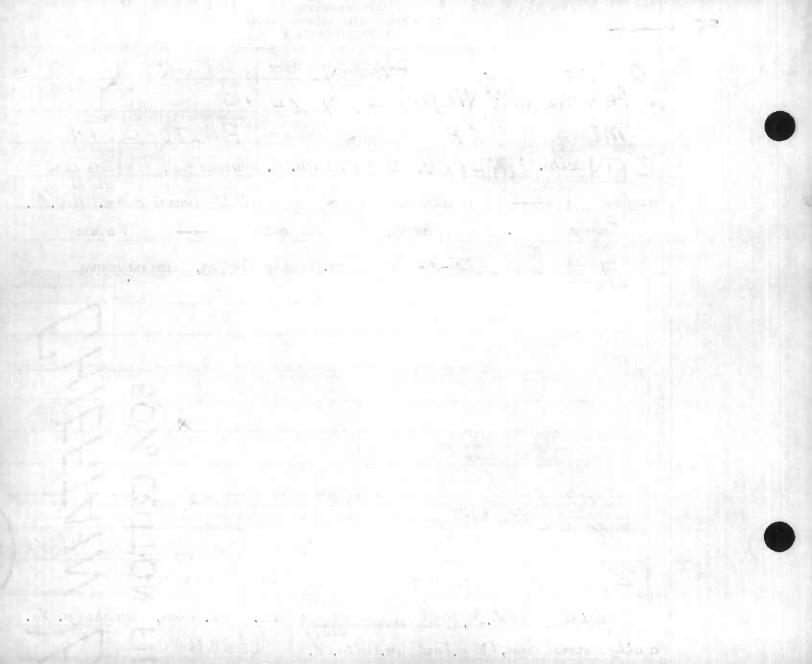




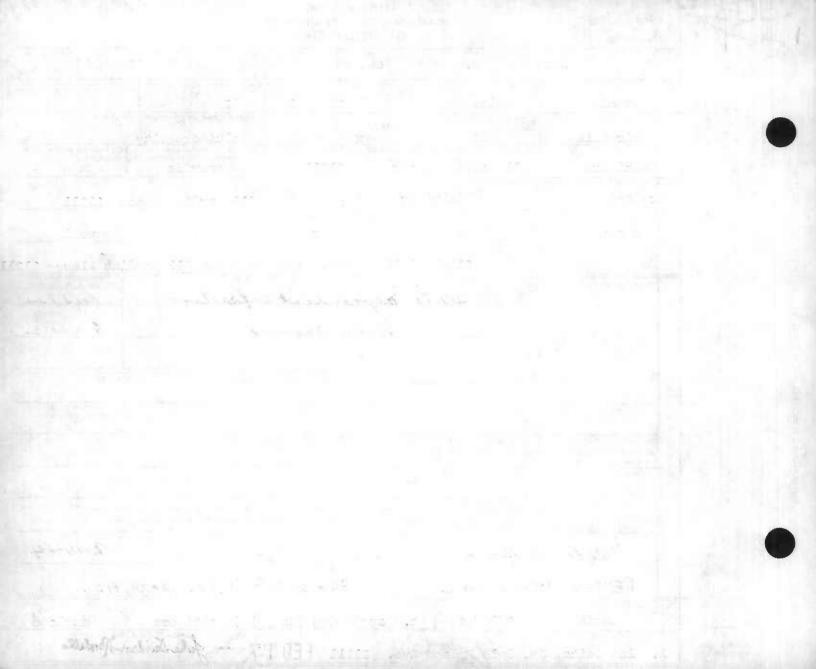
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7	1.	STATE REGISTRAR			ICATE OF DEATH	REG. N	0.	
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th 72 / 20		RTHPLACE (STATE OR FOREIGN COUNTRY) D.	7b. CITIZEN OF	A MARRIE		BALT	O. C. 11	✓ MD.
offer of the		TY OR TOWN OF DEATH Balto.	1 (IF NOT IN SUC	HOSPITAL, NURSING HOME (THE FACILITY GIVE STREET ADDRESS)	P. Balto.M	TYRE OF WORK FOR MOST O	e working life) INDUSTRY	ital
virhin 24 hours etely filled in by 12 should be fill	Mo	AL RESIDENCE IF NURSING HOME COUNTY IS COU		Baltimore	13d. INSIDE CITY LIMIT YES NO 🗀	1422 River	21230 Side Ave.Ba	lto.M.
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I., BALTIMORE Infrate be executioned to applysicion and compapers. Pages maval. vent, the medical		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO. 228–26–6898	Mrs. Donot		me as above	XIMATE INTERVAL I ONSET AND DEATH
tDS, 201 W. PRESTON ST quires that the death cert signed by the attending is then please remove carban to burial, cremotion, or ren njury, or ather traumatic ev	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	b) DUE TO, O	R AS A CONSEQUENCE OF	NOT RELATED TO THE	terminal disease or con	DITION GIVEN IN PART 1	io'
he law requir on. has been sig t permit. Then ene priar to b	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
DIVISION OF VITAL ING PHYSICIAN: The r attending physician ther this certificate h os the buriol-transit i th and Mental Hygies orked or frem 18 she orked or frem 18 she	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
DIVISION DING PHY: or offerthis e os the bu olth and M marked or	MED	WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TO	WN COUNTY	STATE
ATTEN(Spiral CTOR: I far us of He-		22a. I certify that M (this hasp saw the deceased alive a above, M (we) (did) (did n	102/20	19 19 0	-	nion death accurred on the d		
O Che Pe		226. SIGNATURE	70	w	DEGREE ATTENDIT	NG MEDICAL STA	FF _/ 2/	U.by
TO HOSPITAL (retained by the TO FUNERAL should be deto with the State IMPORTAN); if		3/SS/F	3 1	Auroke	220 ADDRESS	hem Hosz	nht	
BP		Burial Burial	Feb.2	9, 1984 Emmanue	A HILLIAM	ent. Mt. Solo		o. Va.
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR Cully Funeral	Home, 130	E. Fort Ave. Bo		FEB 28 1984	256. REGISTRAR'S SIGNA	Managar

Item-#1 3/5/84 mtb F#589



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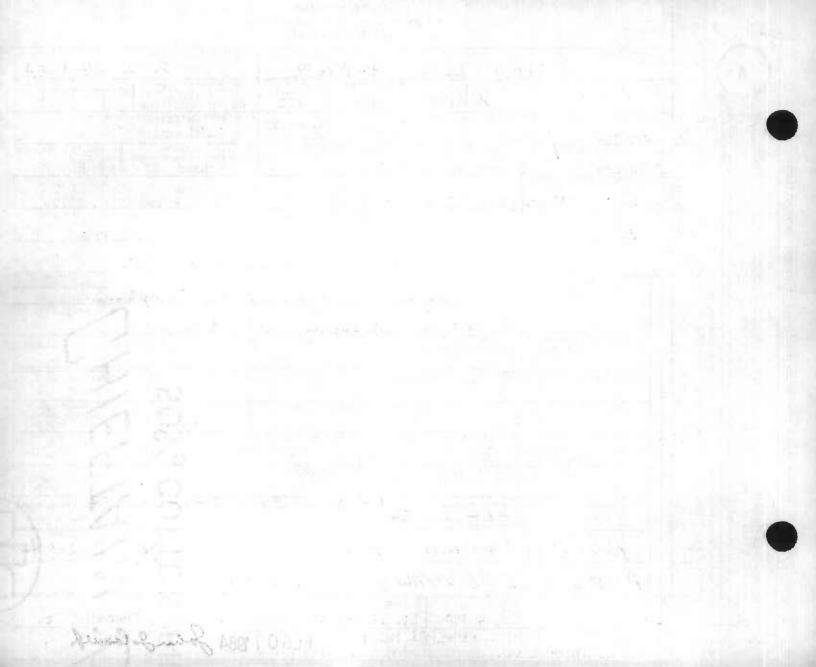


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WITH NO BESTO	IRTHPLACE (STATE O		U.S.		RY?	MARRIED	D NEVER	R MARRIED DIVORCED	LXI	MORE CITY		TY OF DEATH	
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USUA SECOND	AL RESIDENCE (IF IN ISTATE Md.	NURSING HOME OR C	OTHER INSTITUTION, GIV	13c. CITY C Balto	DRTGWN	13		NO 🗆	STREET ADDR		and St		217
14. F/ 160. V	elson	-3		nningť	on			rah	IAME	MIDDLE		son	
	WAS DECEASED EVE YES, NO, OR UNKNOWN) NO 18 CAUSE OF DE	(IF YES, GIVE WA		217-	22-405		7. INFORMA		Penni	ADDRE ngton	4220	o., Md	Chape
HIEF MEDICAL EXAMINER ALCING WING USED AS A BUCIAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DIRIAL, CREMATION, OR REMOVAL.	Conditions, il gave rise to cause (a) stati lying cause la:	immediate ing the <u>under</u> st.	(b)	AS A CONS			DR CONDITION GI	VEN IN PART 1 ((c).				
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ATER DEATH, WITH IT BATTIMORE, MARYLAIL BATTIMORE, BA	EXAMINER'S NAM (TYPE OR PRINT) BURIAL, CREMATION SPECIFY) Domov	Ann I, REMOVAL 23b	M. Dixon DATE 2/10/84		AME OF CEM		DDIKE 33		nn St.,	Balt	O., MI		201 STATE
_	Remov		4/10/04					DATE REC					

	1 -	FOR STATE REGISTRAR		DE	PARTMENT	OF HEALTH AI	ND MENTAL HYO		4 3 3. NO.	la la	
A A Cook		OR PRINT)	PIRST PEFF	rey Ly RACE	nn S. C	ATE OF BIRTH	0 50	20. DATE OF DEAT	2:	2 84 IF UNDER I YEAR MONTHS DAYS	26. HOUR 1: 25 A M IF UNDER 24 HRS. HOURS MIN.
funeral direct	M	RTHPLACE (STATE OR FOR COUNTRY) aryland	ι	. CITIZEN OF WHAT COU		Aug. 12 ARRIED NEV	Z, 1953 VER MARRIED X DIVORCED	30 9 BALTIMORE CIT Balti		Y OF DEATH	MD
by the filled will	Ba	Itimore	1	NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, ON University H HER INSTITUTION, GIVE RESIDEN	ospita	55)	INSTITUTION	120. USUAL OCCUP (TYPE OF WORK FOR MC audito	OST OF WORKING L	128 KIND O INDUSTRY bank	ing
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quires that the death certifical signed by the attending phy han please remove carbon po to burial, cremotion, or removiulary, or other traumotic event	NO	Conditions, if any, we gove rise to immediate (a), stating underlying couse	diote the lost.				ng in	fection in al Disease or c	Λ		01
e hos been it permit. giene prior hows ony ii	CERTIFICATION	190. DATE OF OPERATIO		19b CONDITION FOR	WHICH OPE			TES NO	IN CERTI	S, WERE FINDIN	
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retained by the TO FUNERAL D should be detact with the State D IMPORTANT. If I		Adel S 220. PHYSICIAN'S NAM ADEL	E (TYPE OF PR	Hennaus EL-HENN	1sw	M.J.	ATTENDING PHYSICIAN E		STAFF	2-2	2-84-
P	- (URIAL, CREMATION, RE.		73b. DATE Feb. 4, 1984			Cemetery	St. The	mae E	COUNTY	Do STATE
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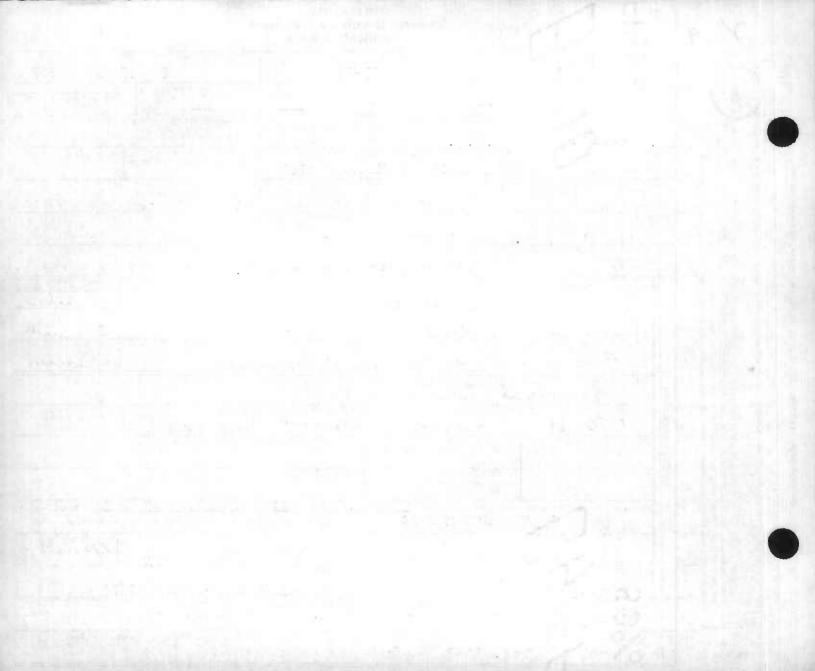


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(VRA 15, 4)

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		Male		Black	2	8 22	6-2- Y	RS
10 × 10 1		THPLACE (STATE OR FORE	IGN 76. CITIZEN	OF WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
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S S	BA	VORTOWN OF DEATH	VAMO	in such facility, give stri	re, Ma	ryland 2121	8 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
	USU A 13a. S	IL RESIDENCE (# NURSING TATE	HOME OR OTHER INSTIT L. COUNTY	13c. CITY OR TO		134 INSIDE CITY LIMIT		
		ryland		Balti	more	YES X NO 1	3107 Bright	en St. 21216
20/	4. FA	THER'S NAME FIRST	WIDDIE	LAST		13. MOTHER'S MAIDEN	MIDDLE	LAST
100	An 10	Samue 1 AS DECEASED EVER IN	O .	Pete ES? 166 SOCIAL SE		Mary	ADDRESS	Penn
medical		ES, NO OR UNKNOWN)	F YES, GIVE WAR OR DAT	(ES)				07 Brighten St
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or oth		underlying cause	last.	Hypoo	fy cen	ia, lon.	ofensin	1/2 with
63,	7	PART 2 OTHER SIGNIF	1	NS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 11a
y inje	CERTIFICATION	25 UY	- A	ONDITION FOR WHIC	CH OBERATION	NAME DEDECTION	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS USED
1	FICA	1-16-		Esophe	^	CALL LANGE	IN CI	ERTIFYING CAUSES OF DEATH?
200	ERT	71g. ACCIDENT WAS UNDERL		ME OF INJURY	year	21c HOW INJURY OC	YES NO NO CURRED (ENTER NATURE OF INJURY IN ITE	YES NO
10 10		OR CONTRIBUTING CAU	SE OF DEATH	R A.M. MONTH P.M.	DAY YEAR			
3/	MEDICAL	21d. INJURY OCCURRED	21e. PL	ACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
orked	Z	WHILE NOT WHILE	[AT HO	ME. STREET, FACTORY, OFFIC	E, FARM, ETC.)	ZIKEEI	CULOKIOMA	COUNT
, E	м	22a. I certify that X) (th	is haspital) attend	ed the deceased from	DECEM	BER 28 . 19 8		7. 19. 84., that XI (we) last
51		saw the decrased obove, V (we) (did	MY WAY TERR	LARY 27 19	84 ar	ad that in (大) (aur) api	nian death occurred an the date and	have and from the causes stated
6 6		17h SIGNATURE	7	- 1		DEGREE ATTENDIN	IG MEDICAL STAFF	221. DATE SIGNED
±		22d PHYSICIAN'S NAMI	du	Crust		PHYSICIA		x 190101
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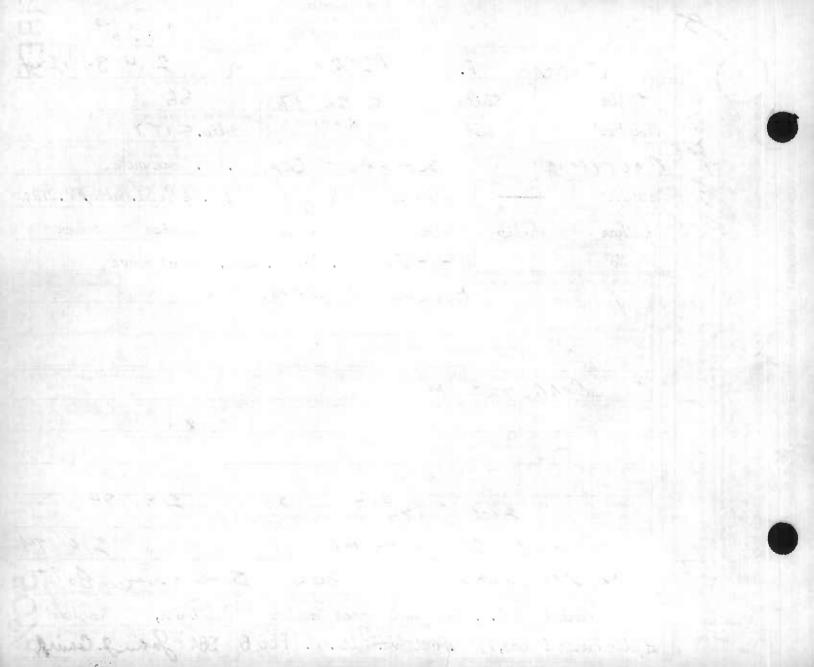
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	TENE 0 4	0.	2 0	
		CEASED NAME FIRST	gh	F.	DE	TRY	20. DATE OF DEATH		84 2	12504M
	1 SEX	Male	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	6 YRS	ONTHS DAYS	F UNDER 24 HRS HOURS MIN.
2	-	RTHPLACE (STATE OR FOREIGN LANGLAND	76. CITIZEN OF	SA	MARRIE	D DNORCED	Balto.	/	OF DEATH	MD.
3	1	TY OR TOWN OF DEATH	I IF NOT IN SU	CH FACILITY, GIVE STREE	TADDRESS)	BOTT GON.	120 USUAL OCCUPAT		126. KIND OF E INDUSTRY	BUSINESS OR
5	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		13 CITY OR TON	WN		13e.STREET ADDRESS	th St.	Balto.M	1.21230
2	7	Luther 1	hilip	Petry		15 MOTHER'S MAIDEN NA Martha	ME Beat		Bake	en
		VAS DECEASED EVER IN U.S. A res, no or unknown]	IVE WAR OR DATES)	218-07-7	7925	Mrs. Flora M.				ATE INTERVAL SET AND DEATH
	ION	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, C DUE TO, C DUE TO, C (c)	OR AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF		IN AL DISEASE OR CON	DITION GIVE	N IN PART 110	
2	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT OR PART 2)	
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		220 I certify that (I) (this has saw the deceased alive a obove, (I) (we) (did) (did r	2/4	19	84.01	nd that in (my) (our) apinian	death occurred on the d	ote and haur		ot (I) (we) lost uses stoted
		226. SIGNATURE	h !	me Co	ty	M. O. ATTENDING PHYSICIAN	MEDICAL STA		220 DATE SIG	1/84
		224 PHYSICIAN'S NAME (TYPE	Carrint)	-4y	0	300/	5. Han	non	180	lt.
	(BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	Feb.7		11 1 6	EMETERY OR CREMATORY NOSS CEMETERY	23d LOCATION Baltimo	re,	County	andstate
	24 FL	Cully Funeral	Home, 13	0 E.F89EE	Ave. B	alto.M. FEE	F REC'D. BY REGISTRAR	John 25 GISTR	AR'S SIGNATUR	ich

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND SEATH AND MENTAL H CERTIFICATE OF DEATH	YGIENE O 4	3217	
	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 2	b. HOUR
7 75	(TYPE OR PRINT) BAB	Y BOY PHE	LIX	FEBRUARY 2	7,1984	1:10Am
8 0 0 0	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		F UNDER 24 HRS
	MALE	WHITE	2 26 84			2 MIN.
Q 16 16	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	OUNTY OF DEATH	MD.
1 11 199	10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET JOHNS HOPKIN	AG HOME OR OTHER INSTITUTION ADDRESS) S HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		BUSINESS OR
LND 212 134 hours Sold be fa	USUAL RESIDENCE (# NURS HE HOME 130. STATE	MUTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?			JD 2140:
1 10	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN I	NAME	LAST	
¥ 1 77 300	DANIEL	PRESTO	ON MARC	SARET	PHELIX	
De crecul	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, II)	ARMED FORCES? 16b SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS		
ST., BAL milicate a physicic on poper ema-al.	PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), an SED BY: ATE CAUSE (a)	OPULMONARY	Annest	- D	OULD
S the confidence of the confid	7651	DUE TO, OR AS A CONSEQU				
e de chorande de control de contr	Canditians, if any, which gave rise to immediate	}	MATURITY			
W t the state of t	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF			
RDS, 201 regiment to Then plea to burnot relarry, or	PART 2 OTHER SIGNIFICAN NONE 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or conditi	ON GIVEN IN PART 110	
0 1 1 1 1 7		196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDING	
2 25 251 5/	₹ NIA	NIA		YES NO		NO 🗌
OF VITAL RECORDS CLAN; The low requirement permit. The ideal requirement permit. The ideal Hygiene prior to have as all shows only injure.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?}	
MON O	(IF EITHER, NOTIFY MEDICAL EXAMIL 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION			
2 11 1 4 4 4 4	₩	(AT HOME STREET, FACTORY, OFFICE,	ARM ETC) STREET	CITY OF TOWN	COUNTY	STATE

FUNERAL DIRECTOR,

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION 23b. DATE

NOT WHITE

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an Flurary 27 19

above, (I) (we) (did) (did nat) view the bady after death

23c NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

JOHNS HOPKINS

DEGREE

23d LOCATION CITY OF TOWN

and that in (my) (aur) apinion death accurred on the date and have and from the causes stated

22c. DATE SIGNED

FEB 1984

ATTENDING MEDICAL STAFF

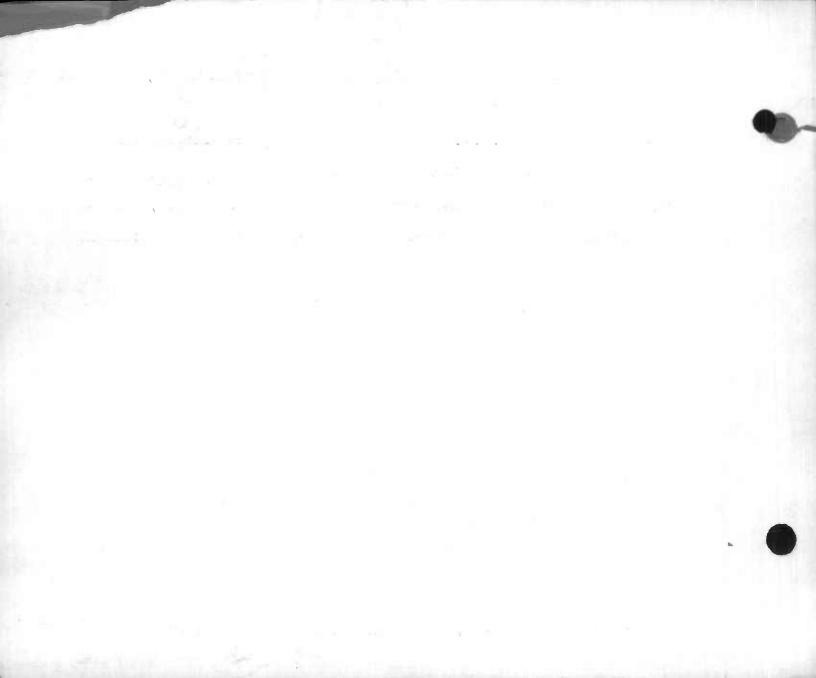
COUNTY MARYLAND

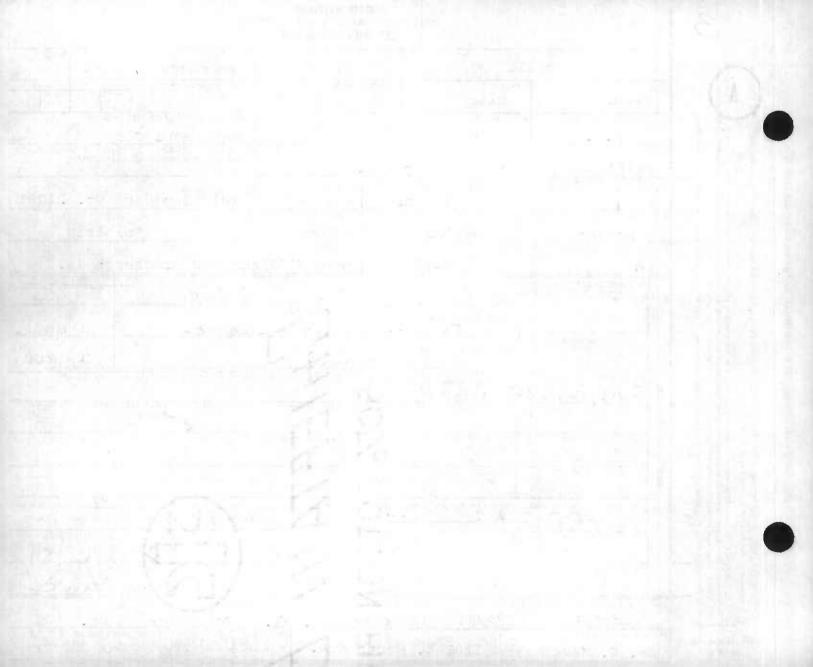
24 FUNERAL DIRECTOR HAME

226 SIGNATURE

ADDRESS

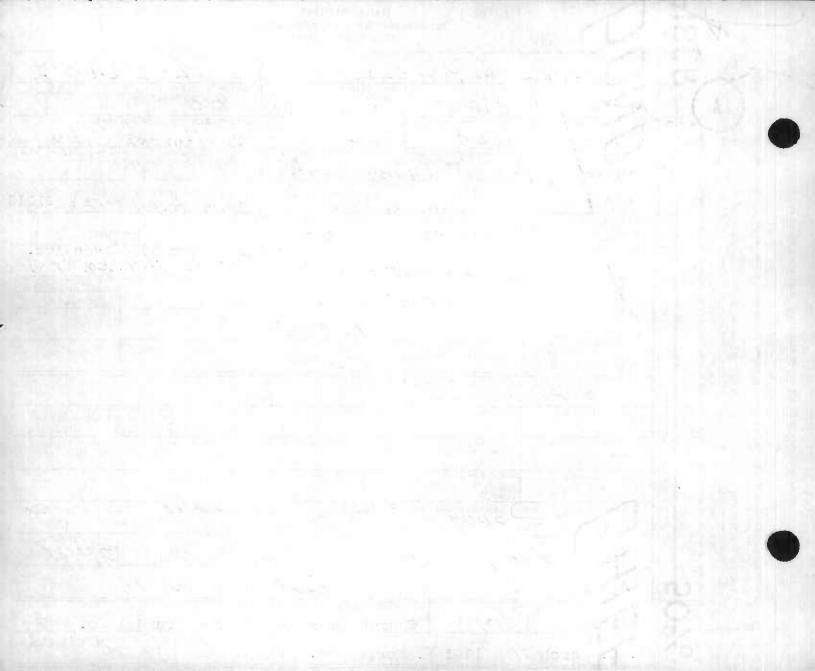
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		F MARYLAND
N		ATE OF DEATH
	1. DECEASED NAME FIRST MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 20, HOUB.
P 9	DANIEL A. PINDELL	2-2-84 5 A
4 (25A)	3. SEX MA/E A. RACE B/ACK S. DATE OF B	SIRTH DAY YEAR 3 0 1 9 3 YRS. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deothr-Poge Ultimetation	MOVED WIDOWED	
by the I	BALLIMORE CITY FEDERAL HILL N39.	OTHER INSTITUTION 128. USU AL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
in 24 hours to should be should be	MO. BALLIMORE Y	d. INSIDE CITY LIMITS? 130.STREET ADDRESS PIP CODE AVE. 212
DO 25	Robert Pindell	Carrie Brown LAST
on execut	(YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)	Chart FEDERAL Hill Nog. ENT
th certificate nding physici corban paper corban paper or removal.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	1 Hannahage Lak.
ires that the dea gned by the otter in please remove, burial, cremation ry, or other troum	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
hos been the permit. The prior was ony in	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION V 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21	VAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
3 PHYSICIAN: The intending physicion in this certificate the buriol-transit and Mental Hygis ced or Hem 18 sho	ON SOLUTION OF DELICION HOUR A.M. MONTH DAY TEAK	It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
G PHYY	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. NOT WHILE AT WORK AT WORK AT WORK	If. LOCATION STREET CITY OR TOWN COUNTY STATE
OR ATTENDIN OR ATTENDIN or hospital ar- port of the ofth f them 21 is mor	above, (1) (ve) (did) (did not) view the bady after death.	hot in (my) (our) opinion death occurred on the date and hour and from the causes stated
SPITAL OR , VERAL DIRE ho be detoched e Stote Dept TANT: If Hen	e-J. Ele, Mg	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/2/84
TO HOSPITAL of the certained by the TO FUNERAL (should be detoo with the Store [IMPORTANT: IF	Folkemar	Feel Hill N. H.
	230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEM	ETERY OR CREMATORY 234 LOCATION CITY OR TOWN COUNTY STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)	(SPECIFY)	Cemetery Anne Arundel Co. MD 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S S ONA CRE.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 7h HOUR 1. DECEASED NAME (TYPE OR PRINT) WILLIAM PITT FEBRUARY 15 1984 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 MPS 4. RACE 5 DATE OF BIRTH 3. SEX HOURS MONTH YEAR 7/29 /18 Male Cauc. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Balto DIVORCED [BALTIMORE CITY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE Mar Litton Indus USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION trv 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 130 STATE 113b COUNTY 13c CITY OR TOWN NO 514 N. Lakewood Ave. Balto Md IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE M Katherine (nee Smith) William 166 SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) Margaret Pitt, same address 218-03-0782 WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY Metastatic IMMEDIATE CAUSE IN DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NON 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) PM 21f LOCATION 214 INJURY OCCURRED 21s. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED 22b. SIGNATUR MEDICAL TO FUNERAL Should be deto DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22 ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION, REMOVAL 23b. DATE STATE Balto., Holy Redeemer Md. 2/18/84 Burial 4 SCHAMUNCK Funeral Home, Inc. DHMH - 16 50M 4/83 3331 Brehms Lane, Balto., Md. 21213 (VRA 15, 4)

Milhitates Letat wateries 12 CA LAND AND SI ON Johns Hopkins Head tol 29 11 1 -1-2

SCHIMUNEK FUNERAL HOME, 3331 Brehms La, 21213

Aulia Daydson

FOR - STATE

DHMH - 16 50M 4/82

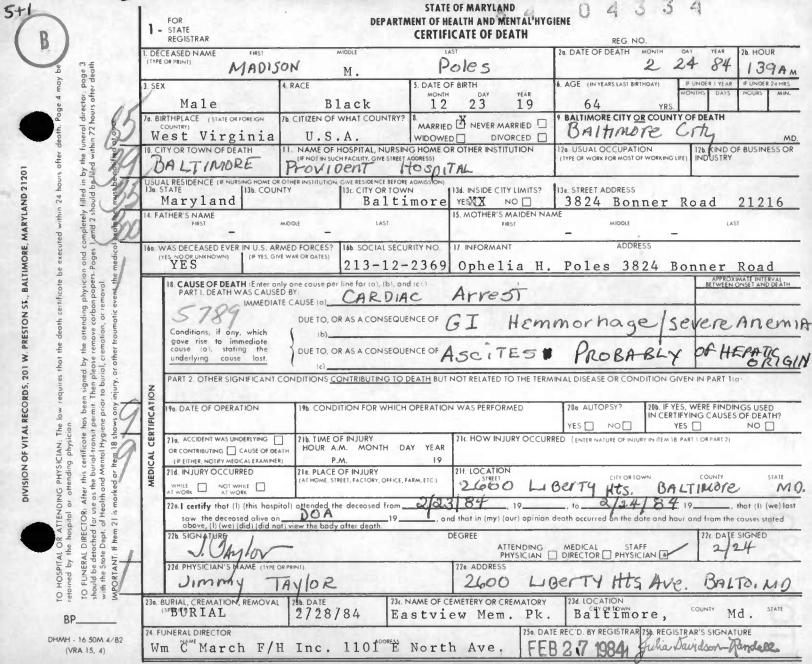
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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STATE OF YORK STATES			

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.		
E OF DEATH	MONTH 02	20	26 HOUR

REGISTRAR						RE	G. NO.		
1 DECEASED NAME	FIRST	٨	AIODLE		AST	2a. DATE OF DEA		DAY YEAR	10 110011
(TITE OR PRINT)	MARY	•			POLIFRONI		02	50 84	12:38
3. SEX		RACE		S. DATE C		6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER TYE	AR IF UNDER 24 H
				MONTI				MONTHS DA	YS HOURS M
Female To BIRTHPLACE (STATE OR		White CITIZEN OF V	AULAT COUNT	Apr	il 7, 1911	9 BALTIMORE CI	YRS.		
COUNTRY)	FOREIGN /b.	CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIED	SALTIMORE CI	TT OR COOK	IT OF DEATH	
Penna.		U.S.		WIDOWE		BALTI		ITY	
10 CITY OR TOWN OF DE	ATH 11		HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCU			O OF BUSINESS
BALTIMORE			The state of the s	RIAL HO	SPITAL	Housew			
USUAL RESIDENCE (IF NUR		HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					
13e STATE	13b. COUNTY		13c. CITY OR		136 INSIDE CITY LIMITS?	13e STREET ADDR			
Maryland 4 FATHER'S NAME			Balti	more	YES NO []	4618 Ka	von Ave	2	21206
FIRST	MIC	DOLE	LAS	T	FIRST	MID	DIE		LAST
Joseph			Credi	to	Mari e	? . R		2812?	?
(YES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT	A	DDRESS		
No.	(IF TES, GIVE W	AN OR DATES	216-4	0-2066	Marie A Azo.	1a 310 Ri	dremede	P.d	21210
18 CAUSE OF DEA	rM (E-to, poly		tino for (a) II	hi and (c)				APPE	OXIMATE INTERVA
PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CO				NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION C	GIVEN IN PART	1(0.
190 DATE OF OPERA	19a DATE OF OPERATION 19b. COND			HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
Ĕ						YES NO		YES T	NO []
OR CONTRIBUTING	OR CONTRIBUTING CAUSE OF DEATH HOUR A.		IME OF INJURY UR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCUR	IRRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART?)			
214 INJURY OCCUP	216 INJURY OCCURRED WHILE IN NOT WHILE IN			FFICE, FARM, ETC.)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STAT
220 I certify that (I	(this hospital) attended the	e deceased f		111 19 89	, to2	120	, 19 89	_, that (1) (we)
saw the decea		2/20	- fa 1	19 84 .0	nd that in (my) (aur) opinion	death accurred an	the date and h	our and from	he couses state
22b. SIGNATURE	above, (I) (we) (did) (did not) view the body			DEGREE				22c. DA	TE SIGNED
Bus	wH.	Kahn	, 70		ATTENDING	MEDICAL DIRECTOR P	STAFF HYSICIAN I	2/	20/84
224. PHYSICIAN'S N	AME TTYPE OR P	RINT)			22e. ADDRESS				1-1
BRIA									
		KAHNI			INTON MES	MORTAL HO	SPTTAT.		
23g. BURIAL CREMATION	N H.	KAHN 23b DATE		23c NAME OF C	UNION ME	MORTAL HO			-
23a. BURIAL, CREMATION (SPECIFY) Burial	N H.	23b. DATE 2/24/	10.4			23d. LOCATION	1	Maru 7 a	and Stati

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J Ruck Inc

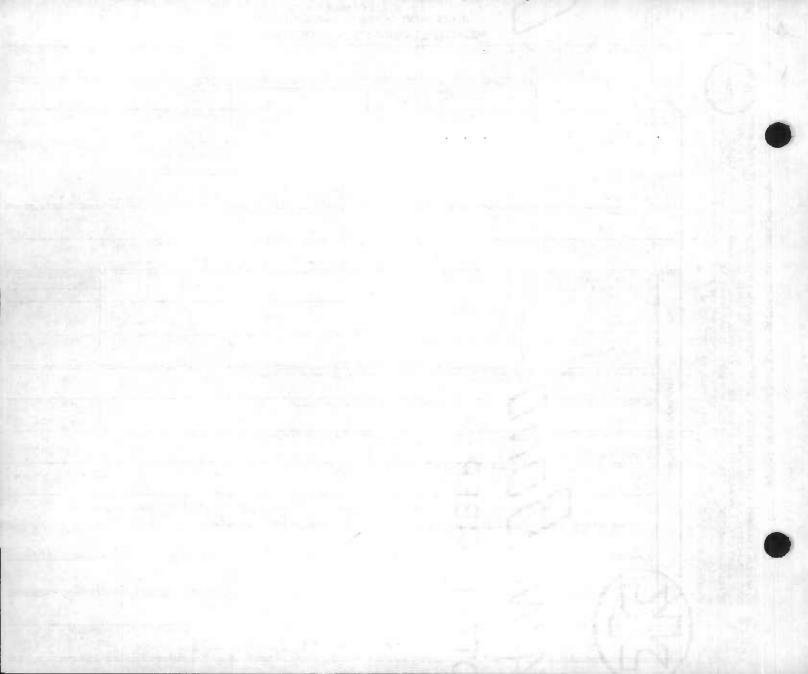
Baltimore, Maryland

250. DATE REC'D, BY REGISTRAR 286 REGISTRAR'S SIGNATURE DE L'ENTRE
BATTMON GENERAL POSITION OF THE STATE OF THE

BOLKS H. KURS STEEL SECTION IN MALES

DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME CLAIBORNE 20. DATE KNOWN MONTH DAY Zb. HOUR (TYPE OR PRINT) OF ESTI-(Clairborne) DEATH MATED Pope 22 19 84 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5EX 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 6:50P DEAD male Black 42 24 1984 41 YRS 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THE NEVER MARRIED FOREIGN COUNTRY) U.S.A. N. Carolina WIDOWED DIVORCED Baltimore City. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES Baltimore 3600 Hick Avenue SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) le STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c CITY OR TOWN Maryland Baltimore YES X NO [] 3600 Hicks Avenue 21207 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Samue 1 Pope E11a Pope 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) Cal Examiner Along With F Burial - Transit Permit, Facil And Mental Hygiene, Divisie Vation, Or Removal. 240-68-9020 Carol Pope 4011 Bowers Avenue NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Subarachnoid hemorrhage MMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION INER: THIS CERNICAL SHEETING THE WURNER FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL OF THE OFFICE SHOULD SHEETING THE STATE DEPARTMENT OF HEAL OF THE SHEETING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? LIMITED 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE ECTOR: PAGE 3 TH THE STATE DE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Hamicide __ Undetermined manner PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH TITLE (SPECIFY) M Deputy ChiefMEDICAL EXAMINER 2/25/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. lll Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 2/29/84 Md. Arbutus, Arbutus Memorial Pk BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** March F/H Inc ADDRESS 01 E North Avenue (VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND



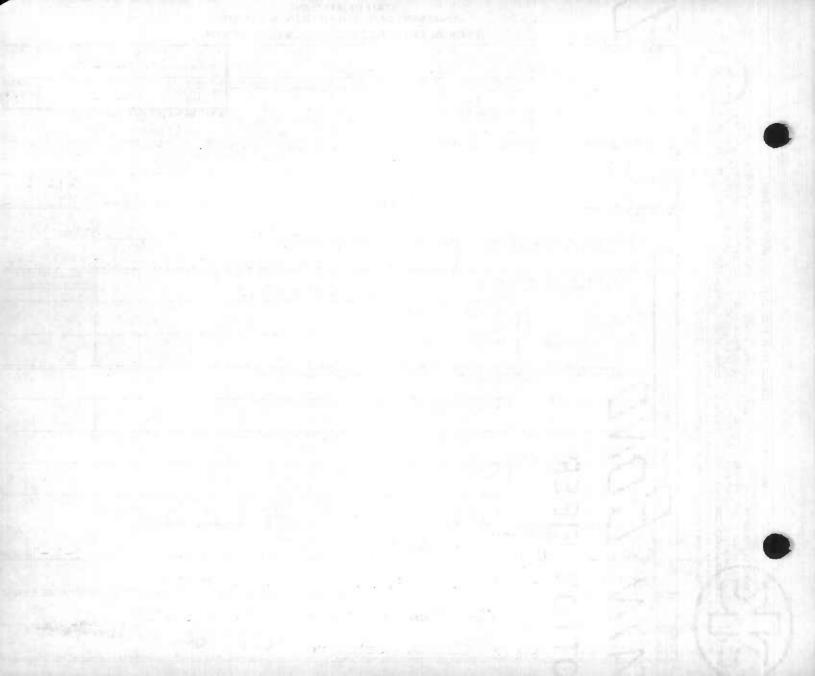
. True of the control Tiese I . La since with a second secon

3	1-	FOR STATE REGISTRAR AKA-C		STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HYGI	ENE U 4	3 3 8	
(A1)		CEASED NAME FIRST Mildre	MIDDLE	Powell	FAIZONA	February 1	.7, 1984	26. HOUR 6:35P
ge ectar po	3. SE	Female	WHITE	5. DATE OF BIRTH	16 1916	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
leath. Po	Pa Bi	RTHPLACE (STATE OR FOREIGN COUNTRY) LEMO Italy	76. CITIZEN OF WHAT COUNTRY	WIDOWED T	EVER MARRIED	Baltimore City o	RCOUNTY OF DEATH	MD.
s ofter d	Ва	TY OR TOWN OF DEATH /	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Maryland Genet	al Hospit	er institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		OF BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vision and campletely filled in by appris. Pages 1, and 2 should be fill vool. it, the medical manyland the fill it, the medical manyland the fill it.	130.5	AL RESIDENCE IF NURSING HOME OR STATE 13b. COUN	TY 13 CITY OR TO	more YES	M NO [130. STREET ADDRESS 905 N	. cathou	nst.
MARYL, red within and 2 sh	14. FA	THER'S NAME FIRST	IAS1	15. MC	Tarmel	MIDDLE		AST
be execution on ond co. Poges 1			ved forces? 166 social sec e war or dates) 220 -48	-36 36 CA	RM WA	Jones	BRIGHTW	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT NG PHYSICIAN: The low requires that the death certificate b ratending physician. After this certificate has been signed by the attending physicia os the buriot-transit permit. Then please remove carbon papers, th and Mental Hygiene prior to buriot, cremation, or removal. orked at them 18 starm may injury, ar other troumatic event, the		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	ly one couse per line for (a), (b), c D BY: E CAUSE (a) Arterios DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	clerotic (UENCE OF ascular Di UENCE OF	Lsease			ximate interval onset and death
ORDS, 2 requires en signe t. Then p or to bur	TION	Chronic Obs	onditions contributing to structive Pulmo	nary Disea	ase			
At REC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
HYSICIAN: T nding physici his certificate buriol-transi 3 Mental Hyg ex Hem 18 s	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR 19	OCATION	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART OR PART 2)	STATE
ENDING PH tal or othen OR. After th or use as the Health and I is markede.	×	while NOT WHILE 220 I certify that X (this haspit sow the deceased alive on.	ol) oftended the deceased from February 17		27. 19.83	toFebruary	1/ 19 84	, that (h (we) last
by the hosp by the hosp ERAL DIRECT e detached for State Dept. of		M. SIGNATURE SS	andle &	en 1 DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	??c. DATI	E SIGNED 2/18/84
TO HOSPITAL enined by 1 TO FUNERAL should be det with the Stote		Parminderjett			/O Maryla	and General	Hospital	
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 23-84 23c	NAME OF CEMETE	RY OR CREMATORY Park Cver	Race	COUNTY	md
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	UNERAL DIRECTOR ROSE NAME THO	mPSDNFITADDRESS	1913 h	3. 7 PE	3 2 1984 A	Bb REGISTRAR'S SIGNA	andell

Supplied Extra Color Color 2/18/56 Partialerjett Sandhe, M.D. - // ____/ // ____ // ____ // ____ or us London tark-- L E, PI +3 .

20M 4/B2

STATE OF MARYLAND



must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ATE OR FOREIGN 7b. (DALE ACE WHITE CITIZEN OF WHA		PRESTO 5. DATE OF MONTH 06	DN F BIRTH DAY YEAR	REG. NO. 20. DATE OF DEATH MO 6 AGE (IN YEARS LAST BIRTHD	DAY YEAR 26 HOUR 1 1 6 5:25 AY) IF UNDER YEAR IF UNDER 2 MONINS DATS HOURS
4 R ATE OR FOREIGN 7b. (WHITE		5. DATE OF	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	
4 R ATE OR FOREIGN 7b. (WHITE		5. DATE OF	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	
ATE OR FOREIGN 7b. (WHITE		MONTH	DAY YEAR	The state of the s	
	CITIZEN OF WHA			00 07	7.0	
			. 00	28 07	9 BALTIMORE CITY OR C	YRS.
F DEATH 11.	11 C A		MARRIEC	NEVER MARRIED		
F DEATH	U.S.A		WIDOWE	DIVORCED ROTHER INSTITUTION	BALTIMORE, (
					(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
				LAND 21218	ACTUARY	INSURANCE
IF NURSING HOME OR OTHE		ERESIDENCE BEFORE CITY OR TOWN BALT IMO	N 1	13d INSIDE CITY LIMITS? YES X NO _	13e STREET ADDRESS / Z 6110 BELLO	IP CODE NA AVENUE, 2121:
MIDD	i E	TZAI		15. MOTHER'S MAIDEN N.		
W.			1	JENNIE	M.	McROY
		SOCIAL SECU	RITY NO.		ADDRESS	LUSBY, MARYLANI
		219-05-	1856	THOMAS COON	AN 806 LIGHT	HOUSE BLVD. 206
						APPROXIMATE INTERV BETWEEN ONSET AND D
o immediate stating the couse lost.	DUE TO, OR AS (c)	S A CONSEQUE	Ch. row	uc Attial NOT RELATED TO THE TER	Fibrillation MINAL DISEASE OR CONDIT	Ob. IF YES, WERE FINDINGS USED
					YES NO	N CERTIFYING CAUSES OF DEATH YES \(\text{NO} \(\text{NO} \)
G CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IF	VITEM 18 PART 1 OR PART 2)
			ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY ST.
eceosed olive on	2-11	19	2-4 84 . on	, 19 <u>84</u> d that in (XX (our) apinion	, to 2 – 1.1 death occurred on the date	ond hour and from the causes state
Parme !	Anto	5 M	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 2/1/8
SNAME (TYPE OR PRI	Fu id	L Mr)		AVEN BLVD. BA	LTIMORE, MARYLA
TION, REMOVAL 2	3b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY ST.
	02-14-8	4	DRUI	D RIDGE	PIKESVILLE TE REC'D. BY REGISTRAR (5)	BALTIMORE MI
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STATE OF MARYLAND

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FOR - STATE

3 SEX

REGISTRAR

ames

4. RACE

Baltimore

DECEASED NAME TYPE OF PRINTS

Male

Maryland

M. FATHER'S NAME

Maryland

ID CITY OR TOWN OF DEATH

Baltimore

William

BIRTHPLACE (STATE OF FOREIGN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH 1904 White 79 Dec. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Baltimore WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospitals arehouseman Beth. Steel 13d. INSIDE CITY LIMITS? 3316 Willoughby Rd. 21234 Parkville NO [15. MOTHER'S MAIDEN NAME Price Margaret Franz 21234 17. INFORMANT 160 .WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 213-09-3012A Dorothy A. Price, 3316 Willoughby Rd.

PART I. DEATH WAS CAUSE	ly ane couse per line for (a), (b), and (c), D BY: E CAUSE (a)	saliny 1/2	rest.	BETWEEN ONSET AND D
4280 Conditions, if any, which	DUE TO, OF AS A CONSTIQUENCE	8 OdpD		
ove rise to immediate	DUE TO, OR AS CONSTROMENICE	OF CF		
inderlying cause last.	(c)			

196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH2 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

22a Certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

22b. SIGNATURE DEGREE ATTENDING MEDICAL

PHYSIGIAN DIRECTOR 22e. ADDRESS 234 PHYSICIANUS NAME (TYPE OF PRINT

23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION Baltimore

Burial Mar.5,1984 Baltimore

21214

25a. DATE REC'D. BY REGISTRAR

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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ROBERTRECOR ALTENBURG FUNERAL HOME, INC.

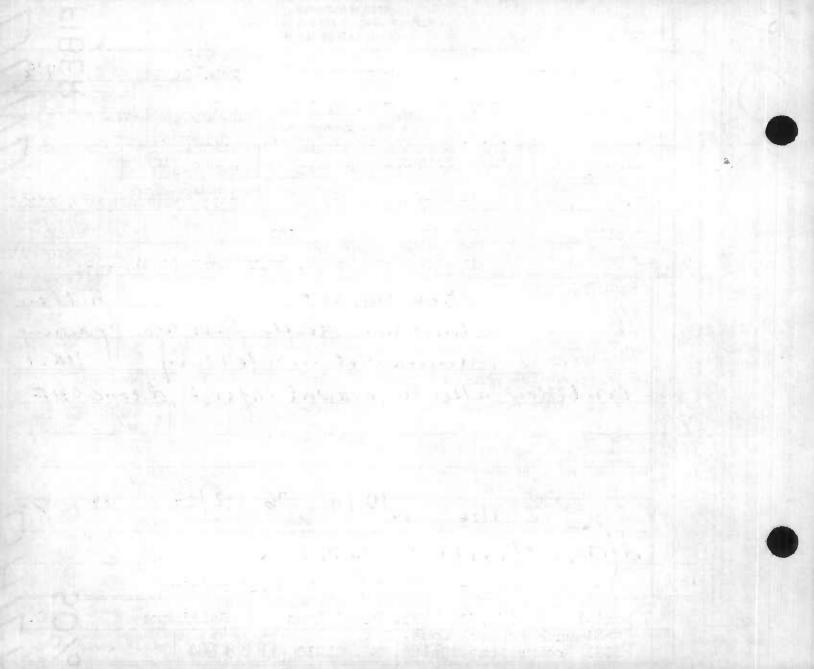
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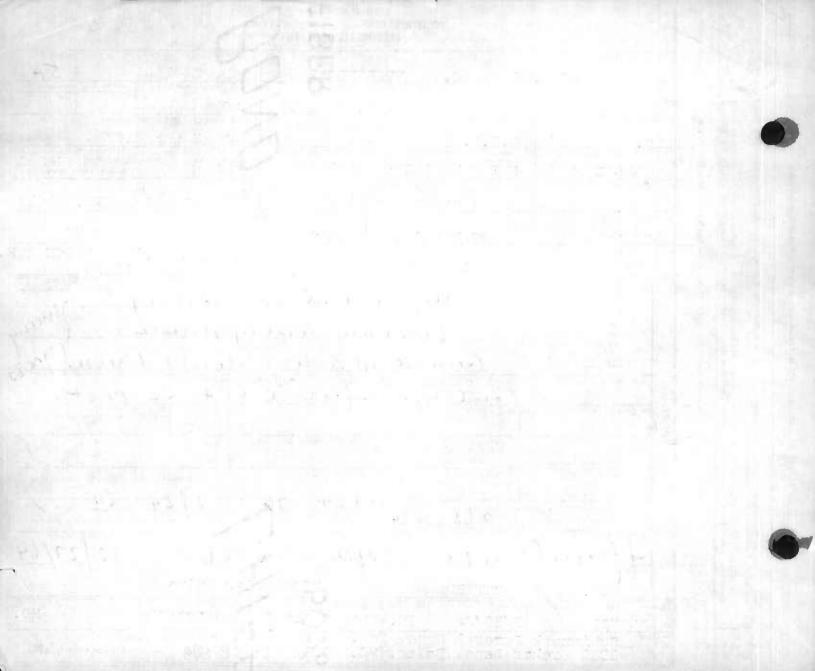
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AL OR ATTEN the hospitol AL DIRECTOR, etoched for us the Dept. of He T. If hem 21 is	22b. \$1G	NATURE		Offer geown.		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN []		18.81
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		1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	ŚIĖNE	0 4 3 REG. NO.	9 6	
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sertific riol-tro			OR CONTRIBUTING		1111	M. MONTH						
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d fo	5 C		abave (1) (we) (c	lid) (did no	t) view the body	ofter death.		DEGREE				SIGNED
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IMPORTANT: If hem 21 is

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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.51	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO)			
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1		Maryland		USA	1	WIDOWE			Baltim	ore C	City	,	MD.
-		TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		120 USUAL OCCUPATION			F BUSINESS C	OR
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7		gave rise to imm couse (a), statin	g the	DUE TO, O	R AS A CONSEQUI	ENCE OF							
١		underlying couse	fast	(c)_									
4		PART 2. OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH 8UT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CON)ITION GIV	EN IN PART 10	3	
	CERTIFICATION												
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	EDI	21d. INJURY OCCURR			OF INJURY	FARM ETC.)	211 LOCATION STREET		CITY OR TO	NN	COUNTY	STATE	
7	~	AT WORK NOT WH	SK									3111	
h		22a.1 certify that (I)	(tXXXospi	tal) attended th	ne deceased from	FEBRU	ARY 2 191		4. to FEBRU			that (I) (Xe) la	ost
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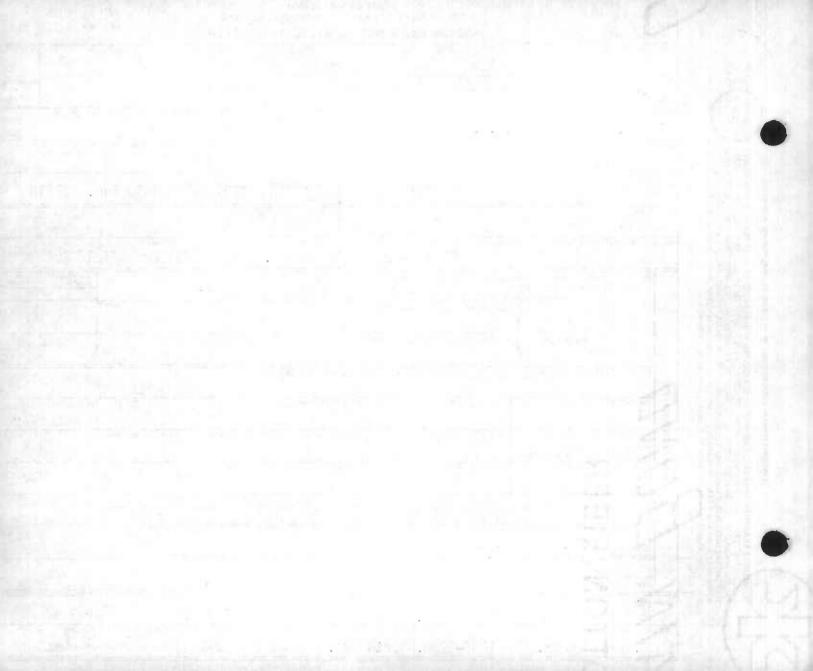
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STATE OF MARYLAND

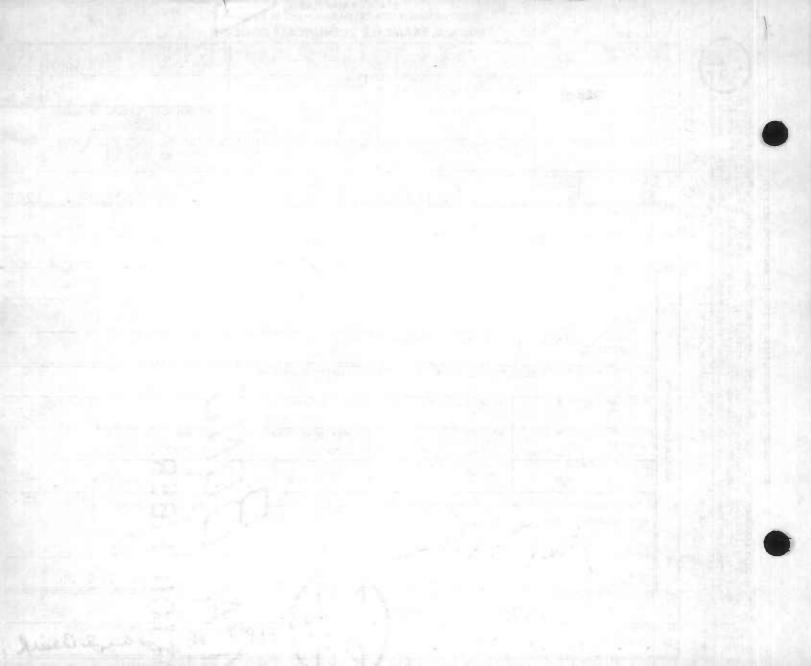
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10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17. WORLD 17. KEND OF BUSINESS 17. KEND OF BU	1 10 B	RTHPLACE (S PREGN COUNTRY) alto.,	MD		IAT COUN					IED 📋			_			
136 STATE MD	10. C	ITY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	CILITY, GIVE ST	RSING HOME,	OR OTHE			12a USU	JAL OCC	UPATION			OR INDU	BUSINESS
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The continuous Condition	R	obert S	Smith		Į.	AST		Lai	ira			WIDDIE			LAST	
PART I DEATH WAS CAUSED BY:	16a. \	WAS DECEASE ES. NO. OR UNKNO NO	D EVER IN U.S. ARA DWN} (IF YES, GIVE V							Quee	n 2			kfie	eld Av	е
YES NO NO NO NO NO NO NO N	SEMATION, OR REMOV	gave ri cause (a lying cau	se ta immediate) stating the under- use last.	(b)	AS A CON	SEQUENCE OI		DR CONDITION	N GIVEN IN PA	IRT 1 (a).						
UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22c. I certify that I toak charge of the remains described above, held an death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER . SIGNED 2-9-84 EXAMINER'S NAME Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 111 Penn St., Balto., Md. 21201 23a. BURIAL, CREMATION, REMOVAL 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY . Balton . Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 33b. REGISTRAR'S SIGNATURE	III-CATIO	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION WA	S PERFOR	MED?							
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death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . SIGNED 2-9-84 EXAMINER'S NAME . ANN M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) . ANN M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. 21201 236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYCORTOWN Baltimore Maryland 24. FUNERAL DIRECTOR . BY REGISTRAR 33b. REGISTRAR'S SIGNATURE	MEDIC			21e PLACE C STREET, FACTO	OF INJURY ORY, FARM, ET	(AT HOME,					CITY OR TO	OWN		COUNT	ŢY	STATE
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	15	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Ann TION, REMOVAL 2:	M. Dixon,	M.D.	AME OF CEMI	M.C.	Hamic TITLE (SI ASS DDRESS CREMATO	PECIFY) istan 111 P	Undete	CALEXA	MINER Balt],	DATE SIGNED. Md.	2-9-8	STATE
(5)) Wm C. Brown Comm. F/H 1206-08 W. North Ave. FEB 1 5 1984 June Davidson Acadese	17 24. FI	UNERAL DIREC	TOR										EGISTR			u

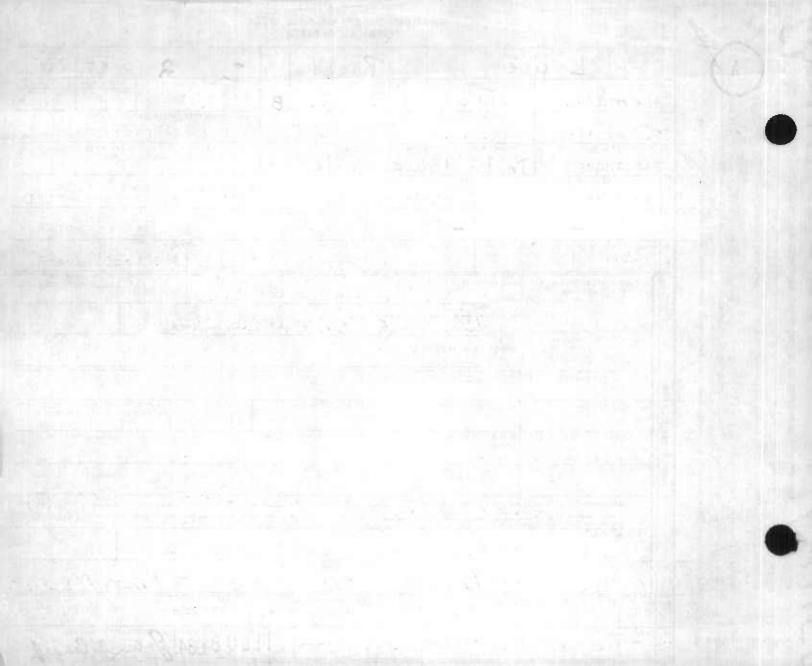


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5			L CAUSE WAS	21	b. TIME OF	INJURY	DAY YEAR	21c. H	OW INJURY	OCCURRE	DIENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 C			
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(V)					-	Accident	_	Autop		Inspection		Inquiry		and in m	y apinian		77.7
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4		XAMINER'S I	AIIII	M. Di	xón,			1	ADDRESS_	111 P			Balte	o., N	1d. 2	21201	
23	a.BU	Buria	ION, REMOVAL	23b. DATE 2/10	/84		Stvie				23d. LC CHTY	CATION OR TOWN	more		COUNTY	M	STATE
24		VERAL DIREC			/ 01	LDa	DOVIE	- 44 1.1		25a. DATE		REGISTRA			'S SIGN		
1	Wm	· C.	March	F/H	1 TOT	E.	North	h Av	e.	FI	FR 9	198	34	10-a	u g	L Car	is a
Wm. C. March F/H				/					-				6		V		

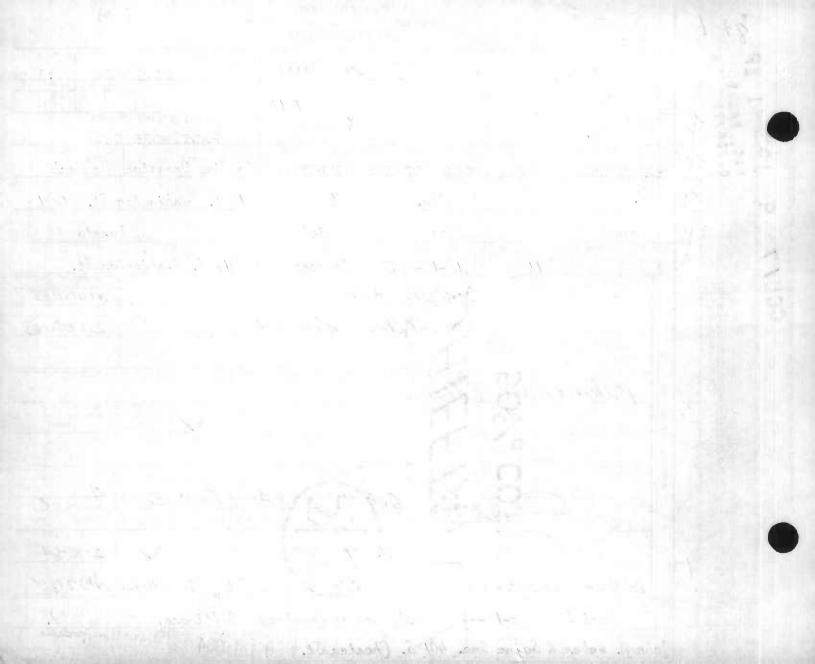


4	1-	FOR STATE REGISTRAR	DEPAI	STATE OF M RTMENT OF HEALTH CERTIFICAT	AND MENTAL HYG	IENE REG. I	4 3 5 6)
A		CEASED NAME FIRST	S-C MIDDLE	Rac	Kley	20 DATE OF DEATH	2- 5-8	4 2:35 A
ors off c	3. SE	Female	1. RACE Black	S. DATE OF BIRT	DAY YEAR 8	6. AGE (INYFARS LAST B	YRS.	ATS HOURS MIN
uneral di	N	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	76 CITIZEN OF WHAT COUNTR	WIDOWED A	DIVORCED	BALTIMO	OR COUNTY OF DEATH RE CITY,	M
by the filled with	В	ALTIMORE		reet address) Cen	ter institution	178 USUAL OCCUPA (TYPE OF WORK FOR MOST		ID OF BUSINESS O
should be	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b COUN	VIY 13c. CITY OR TO	imore YES.			ZIP CODE cil Avenu	e 2121
ompletel ompletel)		MIDDLE LAST		Becher	MIDDLE		illiams
on and c	- 1	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV KNOWN	MED FORCES? VE WAR OR DATES)		FORMANT hnnie Wil		547 Cecil	Ayenue
equires that the de consider the of the please remay the burial, crematic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEC			INAL DISEASE OR CO		T Ira
Con to be to be to be to be to be be to be	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI		METER	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [ISES OF DEATH?
SKIAN ing physic certificati control them to a least to	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF IN	IURY IN ITEM 18 PART I ORPART	2)
MG PHT offend on the bit th and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFR	ICE, FARM, ETC)	OCATION STREET	CITY OR	OWN COUNTY	STATE
ATTEND of Perpetal of Percental		saw the deceased alive an	ately attended the deceased from	575/11		death occurred on the	date and hour and from	the couses stated
HOSPITAL OR med by the I FUNERAL DIS FUNERAL DIS 1 the Store De OSTANT: If the		22d PHYSICIAN'S NAME (TYPE C	TI Read.	N.D	ATTENDING	DIRECTOR PHYS	AFF ICIAN 🗌	
Hould by MPOST		SURIAL, CREMATION, REMOVAL	123h DATE 12	K NAME OF COME	115. C		T. BACES.	ME212
F-2 335		BURIAL			RY OR CREMATORY burn Cem.	Báiltim	ore county	Mdstate



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in Jee	821		1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 0 4	3 .	5 8	
	400 p	~		CEASED NAME PIRST ORPRINT) Frank	g	MIDDLE	RAS (R	ass) (Ross)	28. DATE OF DEATH	MONTH 02/1	0/84	26. HOUR 7: 19 mm
	moy moy	4	3. SE>		4. RACE	ie e	S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	V 4-7	IF UNDER 1 YEAR	
	deerh. Pobe uneral affest O-82/apres	35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		Y OF DEATH	· MD.
0	4 4	North Colonial Coloni		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET OHNS HO	ADDRESS)	HOSPITAL	120. USUAL OCCUPAT (Type of work for most of Loading Of	OF WORKING L	(FE) INDUSTRY	dock
ALTIMORE, MARYLAND 2120	Filled in nould be	2/	130. S	AL RESIDENCE (IF NURSING HOME OF TAJE 136, COL	OR OTHER INSTITUTION	130. CITY OR TOV	E ADMISSION)	13d. INSIDE CITY LIMITS?	139. STREET ADDRESS 412 S. Was	hingt	ton St.	21231
MARYL	ed within 24 I		14 FA	THER'S NAME Joseph	WIDDLE	Rus		15. MOTHER'S MAIDEN NA	WE		Koryte	ST 2
IMORE.	on and co	medico	160 V	ES WW	IVE WAR OR DATES)	214-12-9		Frances Ra	1 412 S. U			
363	hat the death certificates by the attending physics remove corban papell, cremation, or remova	or other traumatic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause lost.	DUE TO, C			KREST LINFAREN A	V		mi	XMATE INTERVAL LONSET AND DEATH NUTES
AL RECORDS, 20	ow requires been signe imit. Then p prior to but	shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	ury,	edemo	e	NOT RELATED TO THE TERM	206 AUTOPSY?	20b. IF YE	VEN IN PART 1 ES, WERE FINDI IFYING CAUSE: TES	INGS USED
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	DING PHYSICIAN. or attending physical after this centificate of the buriet from	is marked or frem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETTHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A ER) PLACE (AT HOME, S)	I.M. MONTH D P.M. FOF INJURY TREET, FACTORY, OFFICE,	feet	21c. HOW INJURY OCCURI	city or to	1.0	COUNTY	STATE that (I) Collast
	0 0 0 0 0	MPORTANI: If Ifem 21	22- 0	ODDWA 11 WE I ISIN (die 1	CH PRINTS	CA	MO	DEGREE ATTENDING PHYSICIAN [220. ADDRESS	MEDICAL STA	CIAN	22c. DATI	E SIGNED 10-84
DH	BP	82	24 FL	Burial INERAL DIRECTOR hn M. Weben &	2-15-	-84 H	oly Ro		CITY, OR TOWN	ie, Isu regis	COUNTY	Md. STATE
	(VRA 15, 4)		10	or He Mener a	JU NEL J	16C. TUT	· Cue	TLER JE. FED	1 4 1001			



FOR

- STATE

TYPE OR PRINT

REGISTRAR 1. DECEASED NAME

Female

Baltimore

Baltimore

Maryland

14 FATHER'S NAME

John

(YES NO OR UNKNOWN)

IN CITY OR TOWN OF DEATH

TO BIRTHPLACE ISTATE OR FOREIGN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2n DATE OF DEATH 2b. HOUR RAWLINGS Emily 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF LINIDED 24 MDS White Aug. 16 1903 80 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City 126 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Hospital Homemaker Homemaker 13e. STREET ADDRESS Eastern Avenue 21224 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AN 13d INSIDE CITY LIMITS? Mason Lord Nursing Home Baltimore YES X 15. MOTHER'S MAIDEN NAME Hamilton Louise McAlister Beatrice Speed 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Cockeysville 21030 213-10-2405D James M. Parault 11 GlendorianCt. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 191 CONDITION FOR WHICH OPERATION WAS PERFURMED 200 AUTOPS 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [23h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 19 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM, ETC.) 19 84 and that in (my) (per) opinion death occurred on the date and hour and from the couses stated above, (f) (we) (did) (did not) view the body after death. DEGREE

(IF EITHER, NOTIFY MEDIC ALEXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an

USA

136 COUNTY

PART I, DEATH WAS CAUSED BY

Conditions, if any, which gave rise to immediate cause (0), stoting the

underlying couse

190 DATE OF OPERATION

22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN

Martin D. Lawson, 10 W. Padonia Rd. 21093

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Catonsville, Balto. Co. Md.

Cremation Westview Mem. Pk. Timonium, Md. 250 DATE RECID BY REGISTRAR 200 REGISTRAR'S SIGNAL

DHMH - 16 50M 1/81 (VRA 15, 4)

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death

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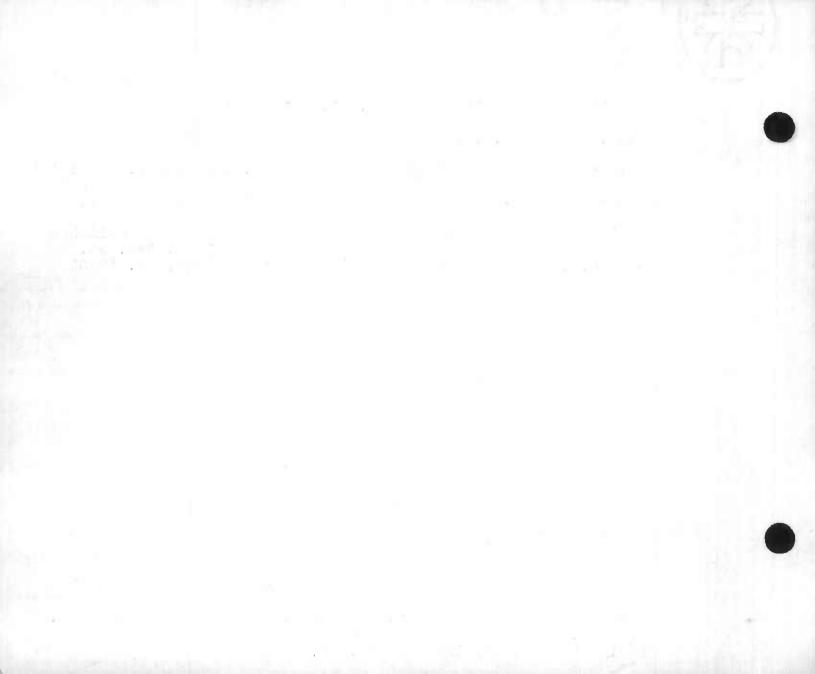
etoined by the hospital or HOSPITAL 0

FOR - STATE

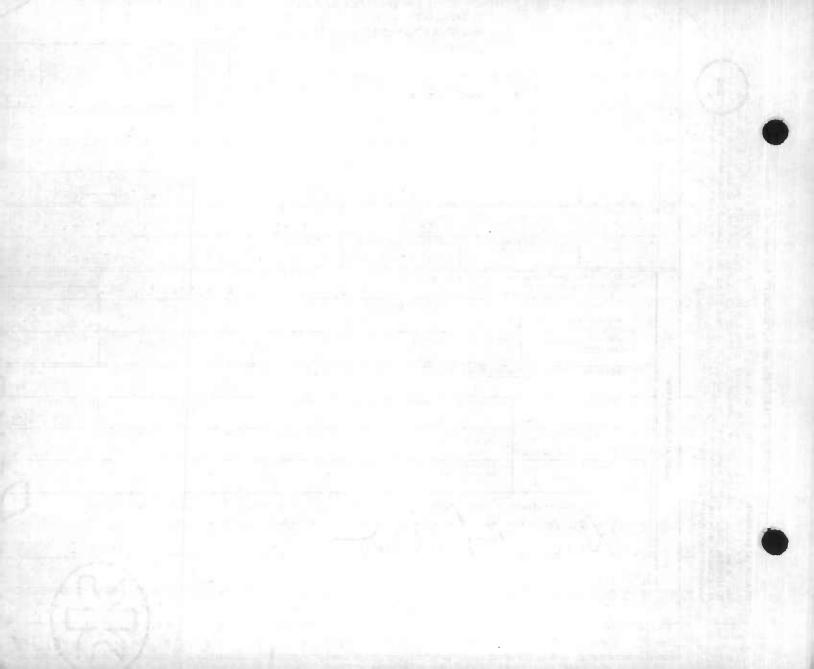
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		ASED NAME										
- 1		R PRINT)	FIRST	,	MIDDLE	L	AST	20. DATE O	FDEATH MON	H DAY	YEAR	26 HOUR
- 1	(ITEL		JOHN	PATR	TCK 1	REAP			2	22	84	12:45A
	SEX		201111	4 RACE		5. DATE C		6 AGE (IN	EARS LAST BIRTHDAY		NDER TYEAR	IF UNDER 24 HRS
	1	Male		Wh	ite	Sept	. 23, 191	72		YRS.	HS DAYS	HOURS MIN.
d	a BIR	THPLACE ISTATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMO	RE CITY OR CO	UNTY OF	DEATH	
4		enna.		U.S	.A.	WIDOWE			IMORE. C	CITY		M
1		Y OR TOWN OF I	DEATH		HOSPITAL, NURS		R OTHER INSTITUTION		OCCUPATION		2b. KIND C	F BUSINESS OF
4		Baltimo		VAMC.	BALTIMOT	RE. MAT	RYLAND 21218	U.S.C	CivilSe	erv.	Elec	tricia
Z. I.	13a. S1	RESIDENCE IN ATE	13b. COU	OTHER INSTITUTION,	13c. CITY OR TO	ORE ADMISSION) WN	134 INSIDE CITY LIMITS	13e STREET 102'	ADDRESS / ZIP	cope dra]	212 St.	
		HER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN	AME	WIDDLE			
1		Mich	ael		Reap		Helen		WIDDLE		alla	han
11	6a W	AS DECEASED EV	ER IN U.S. AR	MED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT SO	1) :	3500 BSS	9th	St.	
/ 1	IV	es U	.S.Na	vyWWII	188-09	-1359	Michael I	Reap A	Akron,	Pa.	1750	01
_		8 CAUSE OF DE	ATH (Enter or	nly one cause per	lune for (a), (b), o	and (c).)					APPROX	IMATE INTERVAL ONSET AND DEATH
-1	- 1	PART I. DE ATH		ED BY: TE CAUSE (a)	Carl	liar	ange	7			um	med
- 1	- 1	530	3	DUE TO, O	R ASA CONSEO	UENCE OF	/					
-1		Conditions, if a		(b)	Kesp	ma	to an	rest			3.	who
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- 1	ŀ	DART 2 OTHER C	CALIFIC ANT		ONIT DIBILITING TO	DEATH BUT	NOT RELATED TO THE TE	DANINIAI DISEAS	E OR CONDITIO	NI GIVENI	INI PART 1	
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7	CERTIFICATION	% DATE OF OPE	RATION	196 COND	TION FOR WHIC	HOPERATIO	N WAS PERFORMED	20e AUT	OPSY? 206	IF YES, W	ERE FINDI	NGS USED
	TER	1/23/	84	000	oh.	1	1/-	YES	NO	CERTIFYIN YES [OF DEATH?
13	8	210. ACCIDENT WAS	La La		INJURY	DAY VEAD	21c HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY IN I	TEM 18 PART	ORPART 2)	
71	¥	OR CONTRIBUTING [M. MONTH M.	DAY TEAR						
	MEDICAL	21d. INJURY OCC		21e. PLACE			21f LOCATION		CITY OR TOWN		COUNTY	STATE
	2	WHILE NOT	WHILE WORK	(AT HOME, SI	REET, PACTORY, OFFICE	, FARM, ETC.)	31822					
	- 1	22a. I certify that	th (this hosp	ital) attended th	e deceased from				2/22			that X4 (we) la
	- 1	sow the dece	osed alive on	y view the bady	after death	84 , ar	nd that in (n🔖) (aur) apini	an death accurr	ed on the date a	nd haur an	d from the	causes stated
- 1		TA SIGNATURE	1	1		.4	DEGREE				The DAY	SIGNED
1		7	Jan	wool		M		MEDICAL DIRECTOR	STAFF	DK _	2/:	2-2-/83
		774 PHYSICIAN'S	NAME (I'M	A 107	m	MD	3900 LOCH	RAVEN E	BLVD, BA	LTO.	MD. 2	1218
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DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



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Sheria Davidson-Gandell

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

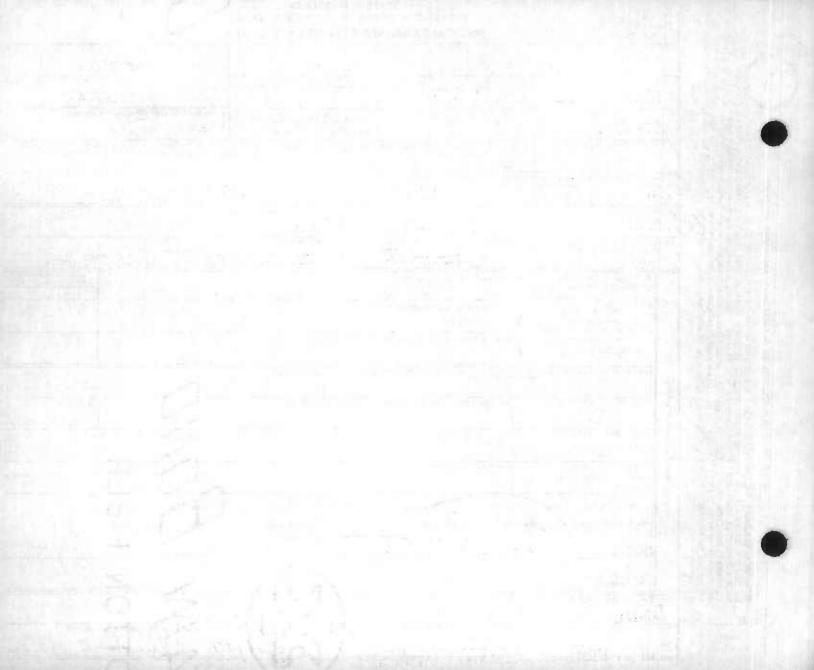
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

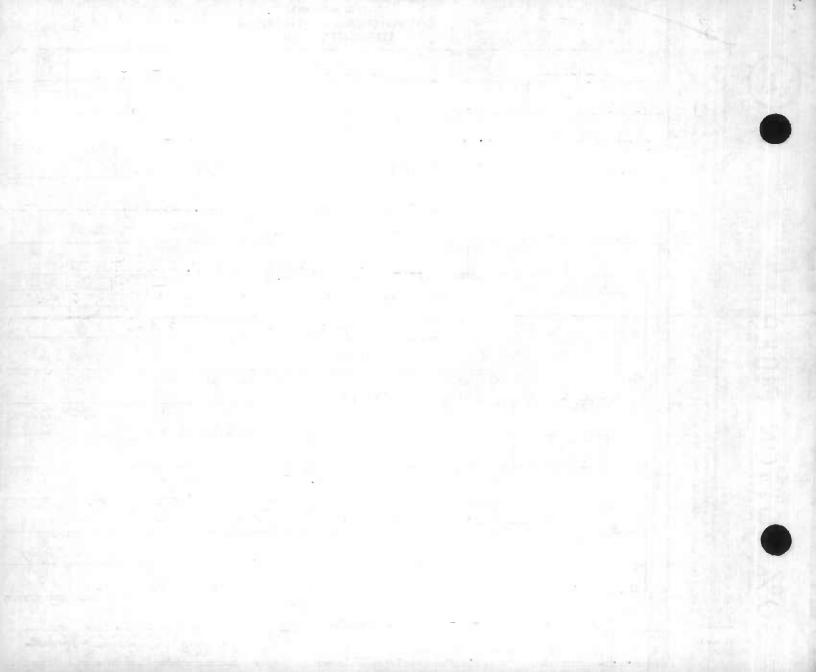
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野 運出水工の		MALE	BLACK	SEPT. 22,	1924 59	YEARS IF UN HDAY) MONT YRS.		R 24 HRS. 26. DATE MIN. PRONOUNCED DEAD		/84 ₁₉	8:55 P M
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T., BALTIMORE, MD. UURS AFTER DEATH. II 18. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES 1 AND 2. II. PAGES 1, AND 2. DIVISION OF VITAL	160 \	VAS DECEASEI	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECUI 251-26-407		ELIZA RI	CHARDSON 5027	CHALGRO	OVE AVE.	
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DIVIS THIS CER WARDED PAGE 3 S TATE DEP	MED	21d. INJURY C	NOT WHILE C	21 PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OF TOWN	COU	NTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PAFER DEATH, WITH THE STAND, 2		220 certif death results ACTUAL SIGNATURE	y that I took the	DIANGE X.	Armith MAD	pyicide	Hamicide	Undetermined manner	and in my api	2/27/8	34
TO PAGE	23a.B	(TYPE OR PRINURIAL, CREMA)	ION, REMOVAL 2		mith, M.D			PennSt., Balto		21201	
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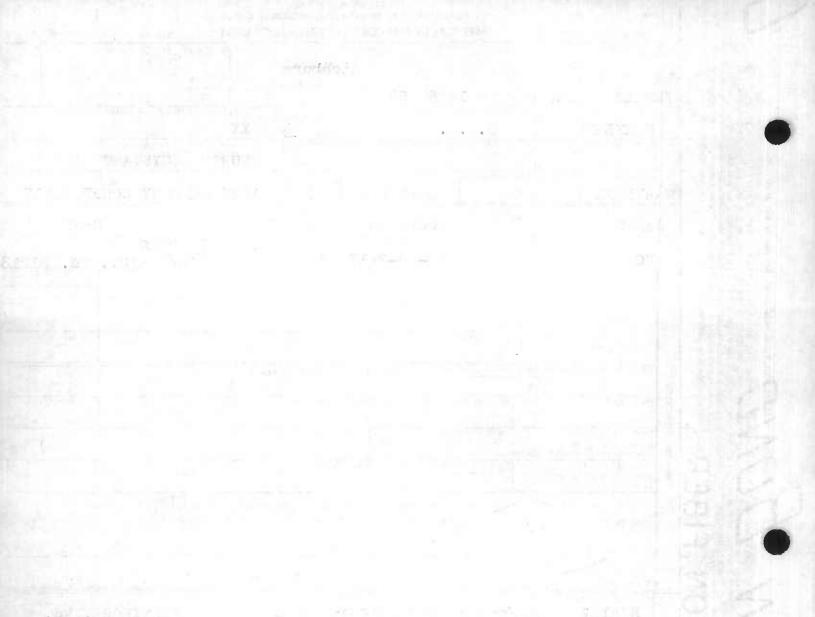
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6 ap 1.50		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
one and	FEMALE BIRTHPLACE ISTATE OR FOREIGN	BLACK 7b CITIZEN OF WHAT COUNTRY?	3 22 1914	9 BALTIMORE CITY OR COUNTY OF	
1 113 08	SOUTH CAROLINA	U.S.	MARRIED WINDOWED DIVORCED	BALTIMORE	M
the ball 10 C	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 805 WOODIN	NG HOME OR OTHER INSTITUTION ADDRESS) GTON RD 21229	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) FACTORY WORKE	12b. KIND OF BUSINESS O INDUSTRY
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7 14 F	FATHER'S NAME	JAČKSĆ	15 MOTHER'S MAIDEN N.	AME MIDDLE	RABB'
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tote has been sign onsit permit. Then they even prior to but 8 shows ony injury.	190 DATE OF OPERATION	196 CONDITION FOR WHICH	Delia de la OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
F 5 F 5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			YES NOW YES	
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AL DIRECTOR: letoched for use Dept of He of Dept of Hem 21 is	abave, (I) (we) (did) (did no	at view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 2-28-69
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Should It with the	ANGELITH T	OFA GO	0000		DEC TORE
O of \$ 3	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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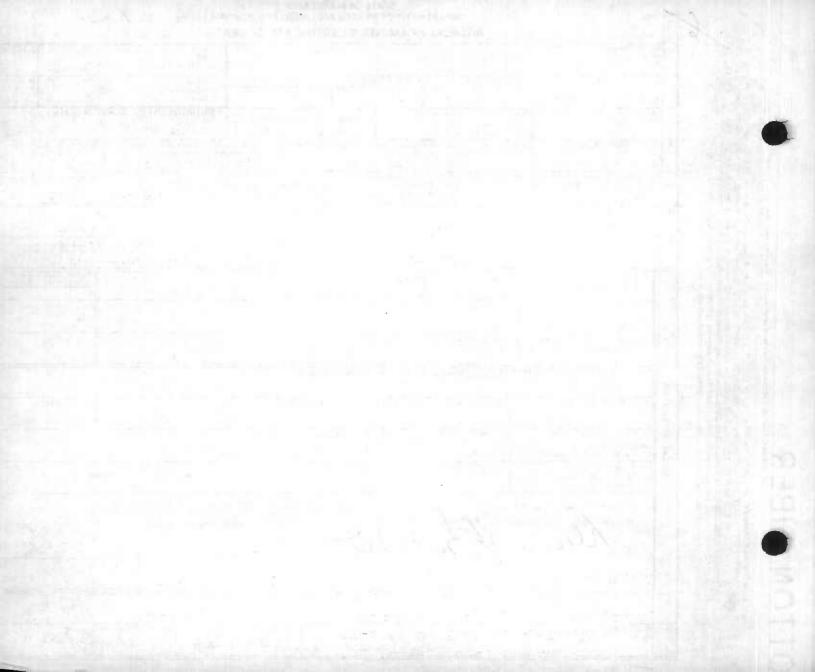


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a g	0.0	3. S		4. RACE		5. DATE OF BIRTH	1	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	YEAR IF UNDER 24 HRS
4	100		Male	В	lack	MONTH 6	DAY YEAR	71	YRS.	ATS HOOKS MIN.
80	02 0	7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	Y? 8.	EVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEAT	Н
anth-	22 2	2	Maryland	п.	S.A.	WIDOWED -	DIVORCED [BALTIMO	RE CITY	MD.
- 0			CITY OR TOWN OF DEATH	11, NAME OF	HOSPITAL, NURS	ING HOME OR OTH	R INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIN	ND OF BUSINESS OR
5 5	1 5	7	RALTIMORE		CHEACILITY, GIVE STRE	PKINS HO	SPTTAT.	(TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUS	IKT
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T I	15 % ST		FATHER'S NAME				THER'S MAIDEN	NAME	cer ocree	
3	pud S	2/3	William	WIDDLE	Richar	rdson	Gertrud	MIDOLE .	Та	ylor
ic ic	0 - 0	16a	WAS DECEASED EVER IN U.S.		166 SOCIAL SE		FORMANT	ADDR		<i>y</i> ± 01
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STO Sorth	d by the attendingle services confidence confidence confidence confidence or other traumatic		Canditians, if any, which	DUE TO, C	DR AS A CONSEC	Failu	re			
e 9	mate of r		gave rise to immediate cause (a), stating the) (0)	PETS					
3 6	by the		underlying cause last	DUE 10, C	OR AS A CONSEG	DUENCE OF				
201			PART 2. OTHER SIGNIFICAL	VI CONDITIONS C	ONTRIBUTING TO	O DEATH BUT NOT RE	ELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1/a
DS,	Then property.	Z		01 /	CAKCINO	Α				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. NO PHYSICIAN: The low requires that the death certificate be executed within 24 hours.		7 4	19a DATE OF OPERATION			H OPERATION WAS	PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIR	NDINGS USED
- S	hos bee permit.	CERTIFICATION	/					YES TO NO TO	IN CERTIFYING CAU	JSES OF DEATH?
T TA	ittending physician. This certificate has the burial-transit per and Mental Hygiene ked arotem 18 shows		21a. ACCIDENT WAS UNDERLYING		OF INJURY		OW INJURY OCCI	URRED (ENTER NATURE OF INJU		
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ā Z	Afte of the		22a.1 certify that (I) (this h	aspital) attended t	he deceased from	2/17/8	1 10 8	9 10 2/12	10 24	, that (I) (we) last
T N	or us		saw the deceased alive	on 2/18	19	Service of the servic	in (my) (aur) apinic	an death accurred an the d	ate and haur and fram	
A	e haspital DIRECTOR Sched for u Dept. of He		abave, (1) (we) (did) (did)	nat) view the bad	y after death	DEGREE			22c. D	DATE SIGNED
9	y the hasy RAL DIREC detached fate Dept.		(10.05	a.			ATTENDING PHYSICIAN	MEDICAL STA		
A TI A	FUNERAL vid be detroited by the State	H	22d PHY IGIAN'S NAME (T	PE OR PRINT	20045	. 22e. A	DDRESS)	4/ /	
HOSPIT	etained by the has TO FUNERAL DIREC should be detached with the State Dept.		JAMES	E. 6	sreen ve	ld	JOHU	HOPKINI 1	Hospital	
0	M Shoot	236	BURIAL, CREMATION, REMO			NAME OF CEMETER	RY OR CREMATOR	119191	7 7	
	BP	1.50	BURIAL	2/22		Baltimore		CAL OR COLLEGE	ore, county	Md¹€.
	The second	24.	FUNERAL DIRECTOR			-47		ATE REC'D. BY REGISTRAR	756-REGISTRAR'S SIG	NATARE . no
DHA	VRA 15, 4)		Wm C March F	/H Inc	1101 F	North 4	Venue F	EB 2 1 1984	Julia Davidson	Managar
			V ALGEBRA	,	4 4 0 4 1	- ITUL CIL E	AACIICE		-	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN X MONTH DAY 2h HOUR (TYPE OR PRINT) OF ESTI-L. 2/21/840 Mary Richburg 4. RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 0:50 58 YRS. PRONOUNCED NEGRO DCT 1925 FEMALE 20 DEAD 2/21/8419 AM To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. DIVORCED XX Baltimore City WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY JHH ASSISTAN Provident Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? NO 130 STREET ADDRESS NO 12677 BAK BAKBURY COURT MARYLAND AND 2 ST 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE WOOLFORD AMELIA CEPHAS 17. INFORMANTHOMAS 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? RICHBURG DIVISION (YES, NO, OR UNKNOWN) 220-20-2417 NO ANDOVER ROAD BALTO Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 3 SHOULD BE USED AS A
DEPARTMENT OF HEALTH
I PRIOR TO BURIAL CREM CERTIFICATION Hypertension 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO(21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIES DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection X 22a | certify that I took amains described obove, held an Autopsy Inquiry and in my opinion Undetermined monner death resulted from Homicide TITLE (SPECIFY) ACTUAL M Deputy ChiefedICAL EXAMINER DATE SIGNED 2/22/84 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) **ADDRESS** JJd. LOCATION MEMORIAL PARK BALTIMORE, Md. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82





				STATE OF MARYLAND	a 0 4 5	
2		FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	\wedge	11343
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(s R 2 d		OR PRINT)	111	RIVERS	2/16/84	5:20 Au
(3. SEX	WIL	14 RACE	5. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ANA fills		D.C.	WASHI		2531 Sayles P	L, S.E. Bu
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hysici poper poper novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b),	ond (c).)	2000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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> z 5 0 0 0 0 8		OR CONTRIBUTING CAUSE OF DE	LIGHTO A 14 MONITH		KRED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART 2}
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S to the bo	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
DING or off Se os the mark		AT WORK AT WORK		21.	2/16	. O:≠
Heo S T S		22a. I certify that (I) (this hasp saw the deceased alive a	ital) attended the deceased fro	04	death occurred on the date and ha	, 19_8, that (I) (we) last
R ATTEN hospital ned for us ept of He	100	obove, (1) (we) (did) (did no	ot) view the body after death.	, , , , , , , , , , , , , , , , , , , ,	death occurred on the date and no	
F P P P P P P P P P P P P P P P P P P P		226. SIGNATURE	ma n	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
4 . 4		Cuere	u. I uln		DIRECTOR PHYSICIAN	1 (("(0)
HOSPIT Inned by FUNER VII be ov		22d. PHYSICIAN'S NAME ITYPE	to the		4 HOSP BA	- 40
TO HOSP reformed TO FUNI should bi		F. H. F.	ELVINUR	BMIT CIT		1 112
1.000		JRIAL, CREMATION, REMOVAL		BE NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
(168P 77)		BUTIAL	02-22-84	Harmony Memorial	Landover	P.G. Md.
DHMH - 16 50M 4/83	24 FU	NERAL DIRECTOR	ADDRES	s PP	E 256 REGIS	TRAR'S SIGNATURE
(VRA 15, 4)	RA	bert G. Mason	1 1661 Grand +	tope Rd. Ste	as I was dame you	1dson-handell

ET gen in and Brothe Creek Man Military of the second state of the second Washington & Sales Bullet Till Firems Area Stiller 578-30-5779 LEVEL FORCE 25.21 Septem 711 5.51 11 First CI-12 Ya the bar Marin at Mandour Bu Male with a shift of the contract of the contract of

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Nutter & Sons Funeral Hone Inc. 2501 C ynns Palls Fkty. Fultimore, M. 21216

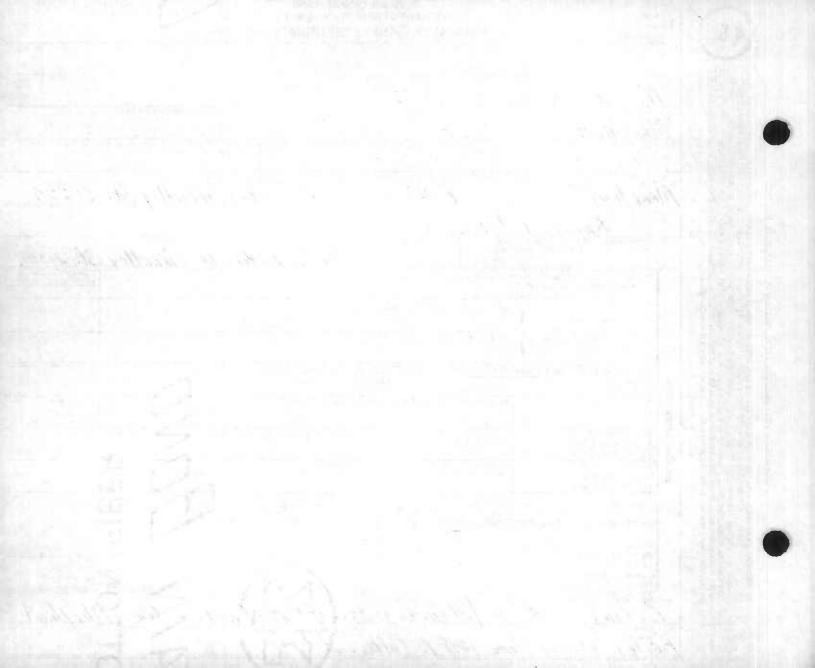
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CMNZ		FOR STATE		DEPARTMENT (TATE OF MARYLAND	GIENES IN REL	VEDERE	AVE
E SOJE		REGISTRAR		CER	TIFICATE OF DEATH	REG. NO		
10000		ASED NAME FIRST	WIDDIE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
>= 4-14	(TIPE C	EVEL	YN	R	DBINSON		2 27	84 4:181
mm John !	3. SEX	_	4. RACE	5. DA	TE OF BIRTH	6 AGE LIN YEARS LAST BIRT		DER TYEAR IF UNDER 24 HRS
= 0 0 0 0	50		13	M	5-6-07	16	YRS	S DAYS HOURS MIN.
中心地の		HPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF D	EATH
THE PROPERTY OF THE PARTY OF TH	1	nd.	USA		WED DIVORCED	BALT	77. (1	T) MD.
82788	IO. CIT	OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HO	NE OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126	KIND OF BUSINESS OR
50 TON /1/	IF	MICTA	North	1 Char	es Gen.	RETU	REN-	SOSIKIY
2 1 10 109	JSUAL 13a ST	RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIL	DENCE BEFORE ADMISS	134 INSIDECITY LIMITS?	13e. STREET ADDRESS		71/18
AN 2 1000		Ma.	13	a/timo	and I	912/	U. PO	RTST
E TEAN	14 FAT	HER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	T	LAST
1 1000	(4	RNKET	E. #17	DAM?	CORA		SRO	MM
Age of Age			RMED FORCES? 166 SO	CIAL SECURITY N	D. 17. INFORMANT	ADDRE	SS	0 (7
W 1 1 1/	(1.0		215	5-28-66	14/EOLA	AMITH	912	N. PORT
A 10 10 10 10 10 10 10 10 10 10 10 10 10	T	& CAUSE OF DEATH (Enter o	nly one couse per line for	(o), (b), ond (c.)	10			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s		PART I. DEATH WAS CAUSI	TE CAUSE (o)	mona	y empolis	~ , widesp	read	bilateral
No de porto		4512	DUE TO, OR AS A C	ONSEQUENCE C				1
EST dent from		Conditions, if ony, which	(b)	Throm	bons large	veini of &	ower of	tremities
A second		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE	F			
those those of core		underlying couse lost.	(c)					
2 1 2 1 2 1	_ [ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	ITING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN	PART 1(o
2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	õ	diasi	ts melli	tus -		atherordero	2	
S bee	CERTIFICATION	DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
ALR The Lion. Hossiene	E L					YES NO	YES [NO [
VIII.	E C	10. ACCIDENT WAS UNDERLYING		Y ONTH DAY YE	21E HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)
I OF	CAL	OR CONTRIBUTING CAUSE OF DE	Ath		9			
PHYS ending this re 5 nd //	ш	1d INJURY OCCURRED	218 PLACE OF INJU		211. LOCATION	CITY OR TOV	VN CC	OUNTY STATE
DIVISION OF NG PHYSICIA Uffer this certific os the Surfact th and Avertain orked or limit	2	WHILE NOT WHILE TWORK	TALLIONE, STREET, THE TE	DAT OFFICE, FARM ETC		-711		
A A A A A A A A A A A A A A A A A A A		2a I certify that (I) (this hasp	ital) attended the decease		124 19 84		. 19_4	, that (I) (we) lost
TTE prito Pr		sow the deceased alive or above, (1) (we) (did) (did no	2/27	ath 19	, and that in (my) (our) opinion	deoth occurred on the do	te and hour and f	from the couses stated
OR A DIREC Oched Dept.		26. SIGNATURE	0 0		DEGREE		2	2c. DATE SIGNED
Al # Al Al T. F	6	Venerande	y. Par	mer	ATTENDING PHYSICIAN	MEDICAL STAF	IAN B	2/27/84
A P S S S S S S S S S S S S S S S S S S	2	24 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
TO HOSPIT. refolined by TO FUNER, should be a with the Stelline MPORTAN		VENERANDA	G. BARK	165	NORTH CHARA	LES GEN. HOS	P.	
75 543 3	23a. BU	RIAL GREMATION, REMOVAL	236 DATE A	23c. NAME C	F CEMETERY OR CREMATORY	23d LOCATION		2-1
BP		Durial	3-3-8	4 Kin	35 Mem. Pk.	Bulto	COUR	ma.
DHMH - 16 50M 1/B1	24 54	ERAL DIRECTOR		ADDRESS - A	Bato. Md 259 84	TE REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATURE
(VRA 15, 4)	0	Rown-Inom	Geon HH. 16	113 W Ba	170St. 21298MA	R U D 1984	who Davids	ion-Randall

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4				STATE	FMARYLAND	(5) # 19	-7 -2	
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		EGISTRAR			S CERTIFICATE OF	REG. I		
		EASED NAME FIRST	MIDDL		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YE	2b. HOUR
		George		F	Robinson	DEATH MATED	□ 2/6/84 19	м
3	SEX	4. RACE	DATE OF BIRTH		FUNDER I YR. IF UNDER 24		MONTH DAY YE	AR 24 HOUR 3:05
1	1	VI BIACK	12 7 1	65 YRS.	NONTHS DAYS HOURS	PRONOUNCED DEAD	2/6/84 19	P:US
34	c Bill	DALTACE DIVISION	L CITIZEN OF WHAT CO	DUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	1	Devland	1/SA		DOWED DIVORCED		City	MD
11	Cit	Y OR TOWN OF DEATH	II. NAME OF HOSPITAL,		OTHER INSTITUTION	20. USUAL OCCUPATION (T		BUSINESS
1		Baltimore		antley St.		FOR MOST OF WORKING LIFE)	ORINDO	JSIKY
	SUAI	RESIDENCE (IF IN NURSING HOME OR ATE / 13b. COUNTY		ITY OF TOWN	13d. INSIDE COPY LIMITS?	3e. STREET ADDRESS	11 -	2 4 4
1	///	GRY PANCE	10	4 HIMORE	YES NO 🗆	601 GRANHE	y St. 212	29
1	4. FA	HER'S NAME FIRST	MIDDLE D 1	LAST	15. MOTHER'S MAIDEN	NAME	LAST	
		NAY MONO	1 KODINSO	ON				
14		AS DECEASED EVER IN U.S. ARMI		SOCIAL SECURITY NO	17 INFORMANT	ADDRE:	ss // a/	
				Tie le	CVCIVN BA	Ker WI GRA	Ntley St. a	11229
Γ		18 CAUSE OF DEATH (Enter only	one cause per line far (a)	, (b), and (c).)			APPROXIA BETWEEN O	NATE INTERVAL
		PART I DEATH WAS CAUSED		tty Liver				
		5718	DUE TO, OR AS A	CONSEQUENCE OF				
		Conditions, if ony, which gave rise to immediate	(b)					
		cause (a) stating the under-	DUE TO, OR AS A	ONSEQUENCE OF				
Г		lying cause last.	(c)					
		PART 2 OTHER SIGNIFICANT CONDITIONS CO		RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PART	1 (0		
4	CERTIFICATION							
	Z	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOF Limit	ed _
	E I	ON EVERNIAL CALIFFANAC	all This are				YES	NO [
		210. EXTERNAL CAUSE WAS	HOUR A.M. MON		t HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	J	CONTRIBUTING CAUSE OF DE		19				100
	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJU STREET, FACTORY, FAI		LOCATION	CITY OR TOWN	COUNTY	STATE
	-	AT WORK AT WORK						
		220 I certify that I taak charge	of the remains described	A Sentimeterodo	utapsy X Inspection	, Inquiry .	and in my apinian	
		death resulted from: Natura	[V] ~	ent D, SuiAide		Undetermined manner],	
	1	//	11. 11	4	TITLE (SPECIFY)		- Pr 1	
	/	ACTUAL SIGNATURE	Kerrock	Mul	MDDeputy Chi	efical examined	DATE SIGNED 2/6	/84
7		90	,	6	METO-SIT		3131110	
		EXAMINER'S NAME Tho	omas D. Smit	h, M.D.	_ADDRESS 111 Pe	nn St., Balto	Md. 2120	1
2	3a.BU	RIAL, CREMATION, REMOVAL 231		3c. NAME OF CEMETE		23d. LOCATION	(COUNTY - /	CTATE 4
	(SE	TURIAL O	2/10/84	spicken of	texact Here	likstminist.	ex, Merv	lord
2	4 FU	NERAL DIRECTOR	Annaess	211	2:217/ 150 DATE RE		GISTRAR'S SIGNATURE	
1	BA	iled tuneral	Here 1348	N. Calhan	N St. EED	7 1084 5	lung lose	27/5
No.	- 67							

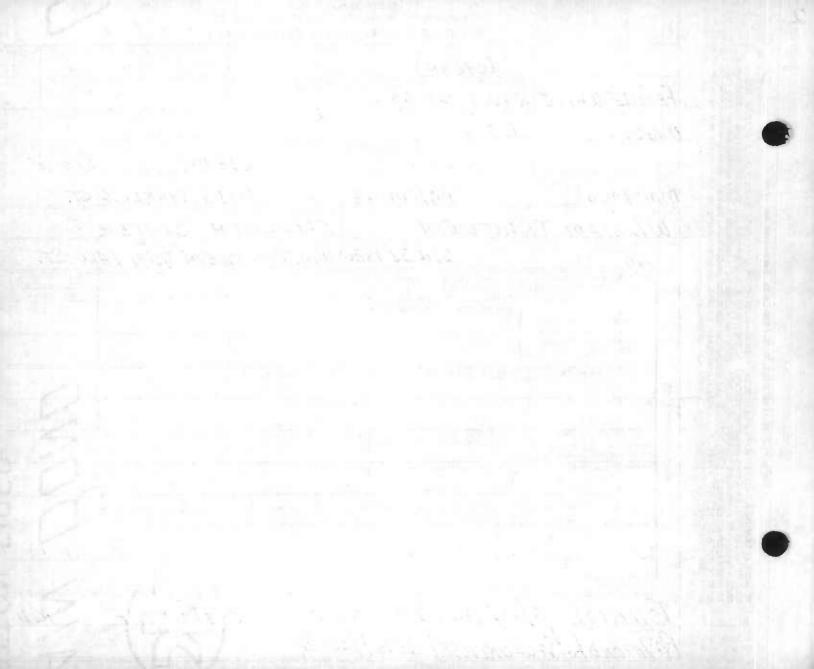


1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE OF STATE	
	REGISTRAR JENNIE M REG. NO.	
B ₂) e e	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) LOST VERY MIDDLE THE TOTAL PRINTS OF THE PRINT	
ge 4 mg ector, po	FEMALE CAUC. S. DATE OF BIRTH MONTH DAY YEAR 10 02 94 S. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE. MONTHS DAY YRS.	
death. Por	BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED WIDOWED NEVER MARRIED ON BULL MELLEN COUNTY OF DEATH WIDOWED DIVORCED ON BULL MELLEN COUNTY OF DEATH WIDOWED DIVORCED	MD.
by the for	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DOF BUSINESS OR
NND 212	USUAL RESIDENCE (IF NURSING FORE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 137. Reges tere	AVENUE
MARYLL ed withing gnd 2 sh	4. FATHER'S NAME FIRST Stanley Menny Mitchell 15. MOTHER'S MAIDEN NAME FIRST Pauler MIDDLE Berna	tien
BALTIMORE.	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT MY MITCHES GIVE WAR OR DATES) 015 078920 My MITCHES (as above))
W. PRESTON ST., at the death certific by the ottending ph se remove carbon pi cremation, ar remo	PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	ROXMATE INTERVAL EN ONSET AND DEATH JEMM.
L RECORDS, one law requir on. I has been sign permit. Then ene prior to be away any injury	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FIN IN CERTIFYING CAUS YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18. PART I OR PART 2	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physician. There this certifician has been signed it as the burial-transit permit. Then plea th and Mental Hygiene prior to burial orked or them 18 shows any injury, or or	OR CONTRIBUTING CAUSE OF DEATH 2) STATE	
END olo olo ruse Heal	WHILE NOT WHILE AT WORK NOT WHILE AT WORK 100 thended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	_, that (1) we) last
OR DIRE	226. SIGNATURE DEGREE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS	ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be der with the State MAPORTANT:	JAMES F. KNUDSEN Good SAMANITAN HOSP.	
₽₽ = 5 3 <u>≤</u>	236. BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR IOWN COUNTY PEB. 21, 1984Greenmount Crematory Baltimore. Mary1	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR Mit Chell-Wiedefeld Home 6500 York Road PRO 21 1984 Full Davidson-Road	ATURE

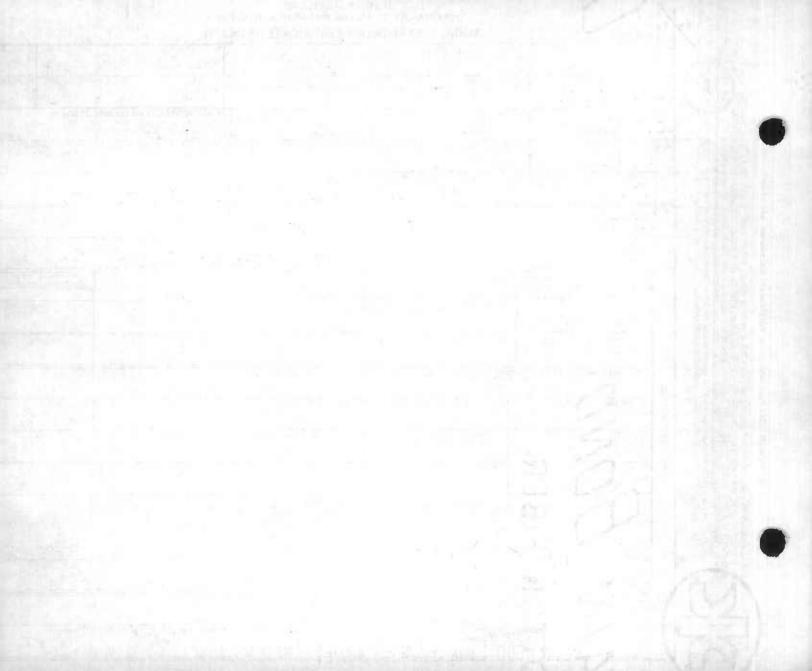
M/N District the Part of the State agents with a comment of the same of the s 11110 ell-11acs follows and 1500 com cast glass and 150 seath-150 bit in

2		FOR STATE		DEPARTMENT OF		ENTAL HYGIEN		7 9	
0	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT]	ME	DICAL EXAMIN	NER'S CERTIFI	CATE OF DEA	20 DATE KNOWN OF ESTI-		YEAR 26 HOUR
2898		Joan 14 RACE	Is. DATE OF BIRTH	GAN)	Robinson FUNDER 1 YR.	Tie libines sallise	DEATH MATED	2/21/84	
DO STREET	FE	MALE WHITE	NOV. 1	1940 43	DAY) MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	2/21/84	YEAR 24 HOUR 3:45 P M
A SEEST	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?		EVER MARRIED		Y OR COUNTY OF D	EATH
ASSA	10.0	IKYLAND IY OR TOWN OF DEATH	U.S.	7 . DSPITAL NURSING HOM	WIDOWED .	DIVORCED LI	Baltimor		MD.
PAGE PAGE	1	Baltimore	301 S	Conkling	St.	CL	MOST OF WORKING LIFE)	OR	INDUSTRY
MD. 21201 H. IF ANY DEI 1, 2, AND 3 KF M. 3. REFAIN 22 SHOULD BI MA (RECORDE)	13a S	RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN		13 CITY OR TOWN		CITY EIMITS? 13 STE	PLE SE CON	KLING S	21224
THE WASH	14. 1	THER'S NAME ILLIAM 7	RAUTU	UEINST	EL	FIRST ABET	H CAI		AST
I., BALTIMORE, URS AFTER DEAT B. GIVE PAGES WITH FORM PI IT. PAGES! AMI	16a V {Y	VAS DECEASED EVER IN U.S. AR, S, NO, OR UNKNOWN) (16 YES, GIVE		214 38	1830 UM	TRAUT.	WEIN 7	531 LANG	ST.
2 8 3 1 0		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)		Stabwounds	and Stra	ngulation	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
TAL RECORDS, 201 W. PRESTON ST HOULD BE EXECUTED WITHIN 24 HOI RD "PENDING" IN PENCIL IN ITEM 1 HIEF MEDICAL EXAMINER AIONG OF HEALTH AND MENTAL HYGIENE, OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.		Conditions, if ony, which gave rise to immediate couse (o) stating the under-	(b)	R AS A CONSEQUENCE					
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "FENDING" ROED TO THE CHIEF MEDICAL 25 3 SHOULD BE USED AS A BUR 26 3 SHOULD BE USED AS A BUR 27 BEPARTMENT OF HEALTH AND 28 1 PEPARTMENT OF HEALTH AND 28 1 PEPARTMENT OF HEALTH AND 28 1 PEPARTMENT OF HEALTH AND	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PERFOR	RMED?			UTOPSY?
OF V		210. EXTERNAL CAUSE WAS	21b. TIME C	M. MONTH DAY YEA	AR 21c HOW INJURY	Y OCCURRED LENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
CERTIFICATE TING THE WEED TO THE DEPARTMENT PRIOR TO FI	MEDICAL	CONTRIBUTING CAUSE OF	DEATH ? P./	M. 2/21/84	subject 21f LOCATION	t stabbed			
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	WE	WHILE NOT WHILE X		ctory, farm, etc.) esidence	301_St.	Conkling	St.,Balto	.City, Md	STATE -
ANE SANE		22a I certify that I taak charg	ge of the remains de		Autopsy X,	Inspection ,	Inquiry ,	and in my opinion	
ECERTICAL PINE H. WITH MARKY		ACTUAL A	10	200	TITLE (SPECIFY)		DATE ,	2/22/04
TO MEDICAL EXAM EXECUTE THE GERTI PAGE 4 SHOULD B TO FUNERAL DIRE BALTRADETH, WITH BALTRADER, MARY		EXAMINER'S NAME	Ann M	Dixon, M.D.		istant MED			2/22/84
TO PETER BALTE	23a.B	(TYPE OR PRINT)	23b. DATE		ADDRESS_ EMETERY OR CREMAT		St., Balt	.O., MQ. Z.	STATE
BP	21,54	DILBIAL DIRECTOR	2/25/19	84 MARK	WOOD	250. DATE REC'D B	Y REGISTRAR 256 RE	ORE GISTRAR'S SIGNATI	MD JRE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	Y.	TMOND L.KA	CZORO	ust(1 252	STREETS	L LER S	7 1984	in a land	Indell.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	4		
1. DECEASED (TYPE OR PRINT)		CEASED NAME FIRST Mae		ANCES		oberts	February		984	2b. HOU 12:1	
1	3. SEX	X	4. RACE				6 AGE (IN YEARS LAST BIR	THOAY)	MONTHS DAYS	# UNDER	
1	FE	EMALE	BLACK		4 MONTH	21 1922	62	YRS.	MONIHS DAYS	HOURS	ATE ATE ATE
d	7a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	TY OF DEATH		
4	NORTH CAROLINA US			WIDOWED XX DIVORCED			Raltimore Citu				
		ITY OR TOWN OF DEATH		OSPITAL, NURSIN HEACHTY, ONE STREET AND GENEL						OF BUSINE	SSOR
	130 S MA	ARYLAND		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	N		13e STREET ADDRESS 900 MCKEA	/ ZIP COL N AVE	DE 2121	7	
6	14 FA	FORREST	JAC	KSON		LUCY	MIDDIE		OBINSON^	51	MD. SINESS OR SED EATH? STATE (we) lost as stoted
		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	16b. SOCIAL SECU	JRITY NO. 17 INFORMANT ADDRESS MINNIE ROBERTS 5641 GOVANE AVE. 21212							
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E Chronic F	ENCE OF ENCE OF DEATH BUT Renal	Failure	INAL DISEASE OR CON		IVEN IN PART 1		
2	IFICA	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERT	TIFYING CAUSES		H?
7		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	21c. HOW INJURY OCCURR				140			
	MEDI	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)					CITY OF TO)WN	COUNTY	S	TATE
	270. I certify that (I) (this hospital) attended the deceased from sow the deceased alive an interpretary 9 19 19 19 19 19 19 19 19 19 19 19 19 1										
		Kuo-Liang	Huang, M.	D.		c/o Maryla	nd General	Hosp.	ital	45.4	2
	É	burial, cremation, remov (specify) BURTAL Uneral director	ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 B. INDIAN WAS INDEPLYING 216. PLACE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 B. INDIAN WAS INDEPLYING 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM ETC.) B. I. Certify that 1) (this hospital) oftended the decessed from sow the deceased alive on chove, by (we) (did) AXXII view the body after death by SIGNATURE B. SIGNATURE B. SIGNATURE A. PHYSICIAN'S NAME (TYPE OR PRINT) RIAL B. CEMATION, REMOVAL 236. DATE RIAL B. CALLERANDOR (1990) DATE ARBUTUS MEM. PK. B. ALTIMORE 256. DATE REC'D. BY REGISTRAR 256. REAL 257. DATE REC'D. BY REGISTRAR 256. REAL 258. DATE REC'D. BY REGISTRAR 256. REAL 259. DATE REC'D. BY REGISTRAR 256. REAL 250. DATE REC'D. BY REGISTRAR 256. REAL 251. DATE REAL 252. DATE REAL 253. DATE REAL 254. DATE REAL 255. DATE REAL 256. DA							D	TATE
		FAME DHILLTD	9 1791-9	7 AL YORTHID	OF ST						

DHMH - 16 50M 4/B3 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shaws any

PHILLIPS

1721-27 N. MONROE ST.

Farmary 9, 1984 12:11P Latinuo, Latona bualitzail ezeniniak Chronic Pencel Failure Fobracil S - 86 Fobraci S - 24 × Ran Likne Hange N.D. cyc Maruland Conoral mescaket

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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1	F.O.D.		STATE OF MARYLAND				
	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL NY	GIENE			
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON			
	E OR PRINT) MARY	I	ROBINSON	2	29 87 2 A.		
3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN		
0	EMALE	BIACK	8 30 98	85	YRS.		
70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO			
	many land	usa	WIDOWED DIVORCED	BALTIMO	, , , , , , , , , , , , , , , , , , ,		
10 0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPATION HAVE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS O		
di	PALIMOKE	BON SECOURS	HOSPITAL	Domesti	c		
USU 13a	STATE 136. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIF	CODE		
/	mel	1/5alt	YES NO		alto st 2122		
14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LASI		
100	show ares	Hey Brooks	5. Mary	ε.	Naton		
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	212		
		212-69-	.00850 Mys hares	one Torian	-K15 W. Mulben		
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a	nd (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSQUENCE OF							
	4360	DUE TO, OR AS A CONSTQU	JENCE OF	1 1-			
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Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF							
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	underlying couse lost.	(c)	JENCE OF				
z	underlying couse lost.	(c)	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITK	ON GIVEN IN PART 1(0)		
ATION	underlying couse lost. PART 2. OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM				
FICATION	underlying couse lost.	(c) CONDITIONS CONTRIBUTING TO		20a AUTÓPSY? 20L	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
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AL CERTIFICATION	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR AM MONTH E	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTÓPSY? 20L	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)		
	PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR AM MONTH E ERI 22 P.M. 2	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 198	20a AUTOPSY? 20k IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)		
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AND REPORT OF THE PROPERTY OF . Balto William H. Marine J. La Strang Strang and Jan 1984 C. S. 1984 Statement Stranger

STATE OF MARYLAND & DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR STYPE OR PRINTS 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? LSTATE OR FORFIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA atoliNa WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY uthera Hospital 21216 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore 600 N. Ashburton Street YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LASTROBINSON MIDDLE MIDDLE Amelia William Rogers Roberson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) YES LIF YES, GIVE WAR OR DATEST 250-20-9271 Judy R. Briscoe 2331 Lauretta Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g NO 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased olive on ... and that in (my) (our) opinion deoth accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Garden of Eternal

DHMH - 16 50M 1/81 (VRA 15. 4)

BP.

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

William C. March F/H 1101 E. North Ave

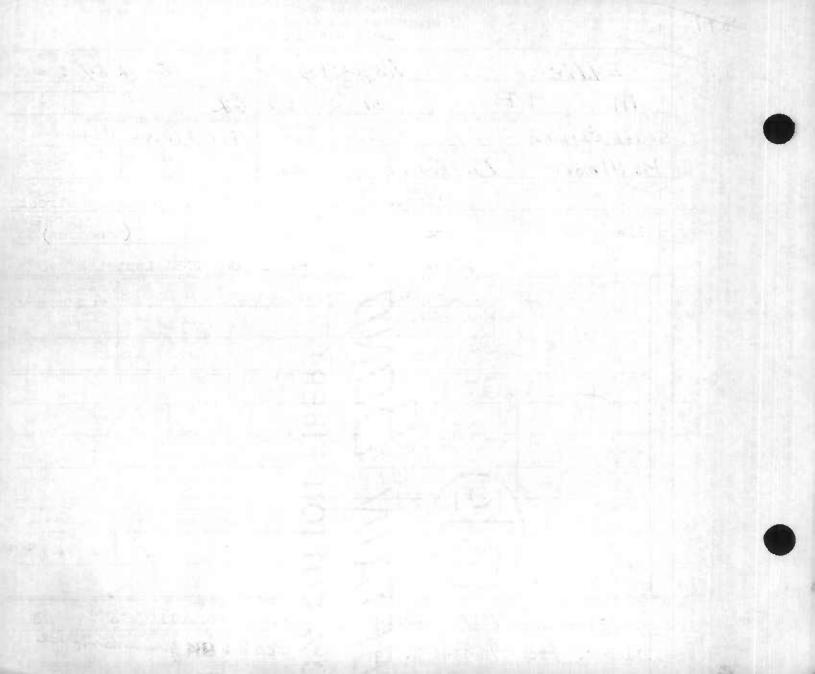
2/21/84

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN TUREL DO relia Day door

Carroll

COUNTY

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injury, or other troumotic event,

MPORTANT: If Hem 21 is morked or Hem 18 shows

STATE OF MARYLAND FOR
STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR					REG. NO	٥.					
1. DECEASED NAME	FIRST A	NIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR			
	PATRICIA	В.	ROGGIO		The state of	2	2 '84				
3. SEX	4 RACE		5. DATE OF BIRTH		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR			
Female	Cauc.		1 13	1938	46	MOS	MONTHS DAYS	HOURS MIN			
7a. BIRTHPLACE (STATE OR		WHAT COUNTRY?	В		9. BALTIMORE CITY O	R COUNT	Y OF DEATH				
COUNTRY)	COUNTRY)			MARRIED NEVER MARRIED			The second secon				
Mary land			WIDOWED DI	VORCED [Balti:			٨			
ID CITY OR TOWN OF DEA	(IF NOT IN SUCI	FACILITY, GIVE STREET AD	DRESS)	ITUTION	TYPE OF WORK FOR MOST C			OF BUSINESS C			
/ Baltimon		more City			Beautici	an	Beau	ty Shop			
USUAL RESIDENCE IN NURS	ING HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL	DMISSION)	ITY I IAA ITS?	13e. STREET ADDRESS		Ra	lto., N			
Maryland	130 000111	Baltimo		NO []	6415 Eastb	OUTHE		21224			
14. FATHER'S NAME				MAIDEN NAM		OULIIC	Avei				
Frank	WIDDLE	LAST		FIRST	MIDDLE		LAS	ST			
16n WAS DECEASED EVER	IN ILS APAGE FORCES	Supercx 16b SOCIAL SECURI		aura	ADDRESS		Balt. Md				
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)										
No		219-26-	6068 Joseph	M. Ro	ggio - 6415	East	bourne				
18 CAUSE OF DEAT	H (Enter only ane cause per	line far (o), (b), and ((cl.) ye		11		BETWEEN	MATE INTERVAL			
PART I. DE ATH W	AS CAUSED BY	11 The Lake	Len Clar	eles 1	Cal Service	- 1/2	10 201				
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Canditions, if ony,	which ((b)	Eull	1051. 8	y OCESE	the Sorts	CLA	n				
gave rise to imr	gave rise to immediate										
	couse (a), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF										
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
190 DATE OF OPERA							, WERE FINDINGS USED YING CAUSES OF DEATH?				
M DATE OF OPERA	TION 196 CONDI	ONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	S, WERE FINDI					
E						YES NO YES					
210. ACCIDENT WAS UNE			21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)				
OR CONTRIBUTION O	CAUSE OF DEATH		YEAR								
(IF EITHER NOTIFY MEDI			19								
(IF EITHER NOTIFY MEDI	(AT HOME STR	DF INJURY EET, FACTORY, OFFICE, FAR	M, ETC.) 21f LOCATIO	N	CITY OR TO	WN	COUNTY	STATE			
AT WORK NOT WH	HILE .		ST. GOVERNMENT								
22a I certify that (I)	(this his pival) ottended, the	deceased fram	\$ 170	. 19 77	10 7/7		1984	that (I) (we) la			
	ed olive on 2/1/		and that in (my)	(que apinian d	death occurred an the de	ote and ho	ur and from the	causes stated			
abave, (I) (we) (c	(did not) view the body	ofter deoth.	DEGREE				22c. DATE	EICHED			
THE SHATURE	100	1 1		TTENDING	MEDICAL STAI	cc	UC. DATE	SIGNED			
& rught	Lough h Villela MP ATTENDING PHYSICIAN D						1/2	184			
ELL PHYSICIANS SHE	AME AME ON PRINTS		27e ADDRES	S			//				
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23a. BURIAL, CREMATION,		192 514	ME OF CEMETERY OR C		236 LOCATION	Ito.	Md. 21	224			
(SPECIFY)					CITY OR TOWN		COUNTY	STATE			
Burial	2/6/8	4 St.	Stanislaus		Balt	imore		Md.			
24 FUNERAL DIRECTOR		Di La		25a. D# 14	PACE BY REGISTRAR	2% EGIS	TRAR'S SIGNAT	URE ,			
Walter De	abrowski - 10	05 Dunda 1	k Av. 2122	4 17	-00/1984	pou	ما يون	heeld			
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DHMH-16 30M 2/80 (VRA 15, 4)

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Malte., Md.

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Ambrose, Inc. 1328 Sulphur Spring

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 24 HRS

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STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X L DECEASED NAME 7b. HOUR ROLLINGS MONTH DAY (TYPE OF PRINT) OF ESTI-(ROLLINS) (ROSA) DEATH MATED 2-12-8419 ROSIE 2d HOUR 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 0:37 MONTH YEAR LAST BIRTHDAY) PRONOUNCED 2-12-84 DEAD 4 66 YRS Female Black M 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED X DIVORCED N. Carolina Baltimore City ES 1, 2, AND 3 TO THE PM 3. RETAIN PAGE ND 2 SHOULD BE FILED VITAL RECORDS, 201. V ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) 1615 Holbrook USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 1615 Holbrook St. 21202 Maryland Baltimore YES 3 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Alice William Bland Stevenson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT ADDRESS URIAL - TRANSIT PERMIT, PAGES 1 IND MENTAL HYGIENE, DIVISION (TION, OR REMOVAL IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNKNOWN Clareha Lonther 1615 Holbrook 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E FORWARDED TO IT.

FORWARDED TO IT.

STOR: PAGE 3 SHOULD BE US

STOR: PAGE 3 SHOULD BE US

STORE PAGE 3 SHOULD BE US YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY TO MEDICAL ENMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER BEATH, WITH THE SITE BALTIMORE, MARYLAND, 2) 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Hamicide Undetermined monner Accident Suicide death resulted from ACTUAL Assistant SIGNATURE. Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE COUNTY STATE Baltimore. Md. 2/17/84 BP BURIAL Eastview Mem 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** March F/H Inc. 101 E North Avenue FEB (VR A15 ME (5)) 20M 4/82

